



MISSOURI

STATE BOARD OF NURSING

NEWSLETTER

The Official Publication of the Missouri State Board of Nursing with a quarterly circulation of approximately 107,000 to all RNs and LPNs

Volume 9 No. 1

February, March, April 2007

Message From the President: Licensure Fee Reduction

Authored by Teri A. Murray, PhD, RN,
Board President

RESOLUTION CONCERNING RENEWAL FEES

The Missouri State Board of Nursing has the duty and power to carry out, enforce and administer the provisions of Chapter 335, Revised Statutes of Missouri (RSMo). Thus, the Board is authorized by §335.036 RSMo, to collect fees for deposit into the Board of Nursing fund. The amount of money that can be in the Fund is limited by §335.036 RSMo.



Murray

At a regular meeting on the 19th day of October, 2006, the Board discussed and reviewed the fees to be charged for renewal of RN licenses between January 1, 2007 and December 31, 2007 and for fees to be charged for renewal of LPN licenses between February 1, 2008 and December 31, 2008.

Estimating its expenses and revenues, the Board previously set its annual renewal fee for individual licensees at \$80 for RNs and \$72 for LPNs by regulation published at 20 CSR 2200-4.010(1) (J). The fee is different for RNs and LPNs pursuant to 20 CSR 2200-4.010(1) (J).5, which requires the Board to collect \$2 per renewal from LPNs and \$10 per renewal from RNs for the nursing student loan and nurse repayment fund.

The Board has been able to substantially reduce its expenses by closely monitoring the services of its contract investigators, reorganizing staff, and streamlining its operations. As a result of these factors, and having examined anticipated income and expenses, the Board and Division of Professional Registration have determined that collection of the renewal fee set by 20 CSR 2200-4.010(1) (J) will cause the Fund balance to exceed the limits allowed by §335.036 RSMo.

The Board has, therefore, determined that an immediate temporary fee reduction is necessary. The Board, prior to adopting this resolution, adopted a motion to amend 20 CSR 2200-4.010(1) (J) and reduce the individual renewal fee for the renewal periods at issue to \$45 for RNs and \$37 for LPNs. The Board has been advised, however, that under the provisions of Chapter 536, RSMo, the amendment will not be effective for at least nine months. An emergency amendment of 20 CSR 2200-4.010(1) (J) is not legally authorized under these circumstances. To avoid the inequity of the RN and LPN licensees paying different renewal fees during this period based only on the date of their renewal, the Board requests the Director of the Division of Professional Registration notify licensees of this resolution, collect only \$45 of the renewal fee for RNs that submit a renewal for the January 1, 2007 to December 31, 2007 licensing period, and \$37 of the renewal fee for LPNs that submit a renewal for the February 1, 2008 to December 31, 2008 licensing period, as required by §335.036 RSMo and 20 CSR 2200-4.010(1)(J), and to refund any payment in excess thereof made by a licensee.

IN WITNESS THEREOF the Board has caused its President and Executive Director to execute this resolution and deliver it to the Director of the Division of Professional Registration.

Please feel free to contact us if you have any questions or concerns.

GOVERNOR

The Honorable Matt Blunt

DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Douglas M. Ommen, Director

DIVISION OF PROFESSIONAL REGISTRATION

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Lori Scheidt, BS

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E-mail: nursing@pr.mo.gov

RN Licenses Expire Soon!

RN Renewal Notices were mailed February 1st-February 5th. If you have not received your notice, please contact the Board office at 573-751-0681.

Your license must be renewed by April 30th, 2007 to remain current.

Renew by Mail

You may renew your license by completing the renewal form and sending it with your check or money order in the amount of \$45 to the Board Office.

Renew Online

It is quick and easy. You will need your PIN number which is located on your paper renewal notice. Go to <http://pr.mo.gov> to renew. We accept MasterCard, Visa, Discover, or American Express for online renewals only.

Address Changes?

If you changed your address since the last renewal period, it is necessary to advise the Board in writing. Notification of address changes require your signature and must be either mailed to Board of Nursing, P.O. Box 656, Jefferson City, MO 65102 or faxed to 573-751-6745 or 573-751-0075.

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Important Telephone Numbers

Department of Health & Senior Services (nurse aide verifications and general questions)	573-526-5686
Missouri State Association for Licensed Practical Nurses (MoSALPN)	573-636-5659
Missouri Nurses Association (MONA)	573-636-4623
Missouri League for Nursing (MLN)	573-635-5355
Missouri Hospital Association (MHA)	573-893-3700

Legislative Update

Authored by Lori Scheidt, Executive Director

The 2007 legislative session started on January 3, 2007 and goes through May 18, 2007. The Board of Nursing is pursuing two proposals this session. They are:

- Patient Safety Initiatives
- Impaired Nurse Program



Scheidt

Patient Safety Initiatives Bill

This proposal seeks to resolve issues the Board of Nursing has identified as barriers to patient safety: nurse title protection, mandatory reporting rule, default hearings and expedited hearings.

Nurse Title Protection

If the bill passes, the title “nurse” would be protected. Currently, only the titles of Registered Nurse (RN) and Licensed Practical Nurse (LPN) are protected. Physician offices and other non-regulated entities may hire unlicensed staff and title them as “nurse.” This causes confusion to the public. The title “nurse” implies that the person is either a RN or LPN and that the person has the essential degree of competency necessary to perform a unique scope of nursing practice.

Mandatory Reporting Rule

State statutes 383.130-133, RSMo, commonly referred to as the “Mandatory Reporting Rule,” require only hospitals and ambulatory surgical centers to report to the appropriate licensing authority “final” disciplinary action against any health care professional or the voluntary resignation of any health care professional against whom any complaints or reports have been made which might have led to disciplinary action. The mandatory reporting rule (Section 383.130-133, RSMo) should be amended to clarify what needs to be reported to the respective Boards, to require that other healthcare providers must report, and to contain an enforcement provision for failure to report.

It is critical that state licensing boards have access to records of disciplinary proceedings against healthcare professionals to determine if the healthcare professional in question is likely to cause patient harm without board intervention. The purpose of sections 383.130-133, RSMo is to enhance the ability of professional licensing boards in performing prompt, efficient and thorough investigations of possible misconduct or impairment of licensed health care practitioners, aided by timely and meaningful reports from sources likely to have knowledge of such individuals’ professional abilities and conduct.

In April 2004 Charles Cullen, (a nurse) pleaded guilty to 13 counts of murder and two counts of attempted murder. As part of the plea agreement, Charles Cullen was sentenced to 13 life sentences and two 20-year sentences, which would allow him to avoid the death penalty. Cullen admitted killing as many as 40 patients with lethal drug injections. During his 16-year career, four hospitals and one nursing home fired him, another hospital suspended him, and another questioned him about a patient’s suspicious death. He was never reported to a licensing board! Furthermore, Mr. Cullen kept getting new nursing jobs until Somerset Medical Center in Somerville, N.J., looked into questionable lab results involving patients under his care. Authorities arrested him in December and charged him with murder. Several of the facilities now face lawsuits from relatives of the murdered patients. If employers had been required to report the terminations, suspension and investigations to the Board of Nursing, he might not have continued his 16-year killing spree.

Legislative Update cont. to page 3

Legislative Update cont. from page 2

Default Hearings

The Board spends considerable time and expense trying to locate and serve a licensee whose license has been disciplined by the Board and has failed to keep the Board apprised of his or her current address. After notice and service of the original disciplinary action, if a licensee fails to adhere to the terms of discipline, the Board would like to conduct default hearings and impose such additional discipline as authorized by law.

The Board of Nursing received a complaint against a nurse on December 6, 2002. The investigation was completed on December 17, 2002. On February 6, 2003, the Administrative Hearing Commission found cause to discipline the nurse’s license. The licensee moved to Florida and did not notify the Board of her new address. The Board has tried to serve the licensee notice of a disciplinary hearing at least 4 times and in multiple states. As of this writing, the Board has had no success in serving the licensee with notice of hearing. This nurse entered a guilty plea to Class C felony possession of a controlled substance, consisting of two dextropropoxyphene pills, under § 195.202, RSMo. The court suspended the imposition of sentence in favor of two years’ probation. This nurse continues to have a license to practice nursing because she cannot be served with notice of a hearing. If the Board had a mechanism to hold a default hearing, the hearing could be held after the Board has attempted to notify the licensee of the hearing by certified and regular mail to her last known address.

Expedited Hearing

An expedited hearing process would allow the Board to take quick action to stop conduct and protect the public. If the Board concludes that a nurse has committed an act or is engaging in a course of conduct which would be grounds for disciplinary action which constitutes a clear and present danger to the public health and safety, the Board may file a complaint before the Administrative Hearing Commission requesting an expedited hearing and specifying the activities which give rise to the danger and the nature of the proposed restriction or suspension of the nurse’s license. An expedited hearing process would require that the Administrative Hearing Commission conduct a preliminary hearing within fifteen days after service of the complaint on the nurse. The hearing would be to determine whether the alleged activities of the nurse appear to constitute a clear and present danger to the public health and safety which justifies that the nurse’s license be immediately restricted or suspended. The burden of proving that a nurse is a clear and present danger to the public health and safety would be upon the State Board of Nursing. The Administrative Hearing Commission would be required to issue its decision immediately after the hearing and either grant to the Board the authority to suspend or restrict the license or dismiss the action.

On June 13, 2001, a nurse administered morphine to a patient in dosages, which were not ordered by the patient’s physician. She also administered propofol to the same patient on May 5, 2001 without an order from the patient’s physician. The nurse was arrested for Murder 1st degree on November 5, 2001. Because the Board does not have injunction authority and does not have an expedited hearing process, this nurse was not required to stop practicing nursing until June 19, 2002.

Another example is the case of a May 1, 2002 incident where a nurse was assigned to provide care to a resident who was unconscious and unable to speak or eat on her own. The resident was placed on oxygen to assist her breathing. At some point during her shift, the nurse tightened the metal nose clamp on the resident’s oxygen mask, “pushed” her chin upward, and held her mouth closed for approximately ten minutes in order to suffocate her. When the nurse believed that the resident was no longer breathing, she removed the oxygen mask and began to wipe the resident’s face. While wiping the resident’s face, the resident took another breath, so the nurse again “pushed” the resident’s chin upward and held her mouth closed for another minute or two until the resident ceased breathing. As a result of the conduct, the nurse was arrested on May 21, 2002, and a complaint was filed in the Circuit Court of St. Louis County Missouri, on September 4, 2002, charging her with felony murder in the second degree. This nurse’s license was not revoked until June 19, 2003.

A case occurred in on August 2, 2005 when a nurse was providing in-home care. The patient was found deceased and the nurse was found unresponsive. The nurse tested positive for cocaine, methamphetamine, amphetamine, THC and marijuana. The nurse was arrested for murder in the second degree for deprivation of oxygen and lack of medical attention as a result of perpetration of the class C felony of possession of a controlled substance.

These are three cases where public protection would have been greater if the Board had a process for an expedited hearing.

Impaired Nurse Program

The Missouri State Board of Nursing appointed a task force last year to recommend an alternative to discipline program. Each member made significant contributions through their commitment and dedication to the purpose of obtaining an impaired nurse program for Missouri nurses. The members of the task force were:

- Karen Hendrickson, Missouri Hospital Association
- Karen Lee, Kansas City Area Nurse Executives
- Thom Switzer, Missouri State Association of Licensed Practical Nurses
- Jeannie Looper, Missouri Organization of Nurse Leaders
- Gary Clark, Missouri Association of Nurse Anesthetists
- Kathryn Kornegay Farwell, Missouri Nurses Association
- Susan Kneeskern, Department of Health Bureau of Health Facilities Licensure
- Marcia Chiles, Missouri Association of Homes for the Aging
- Cheryl Pistone, Missouri Ambulatory Surgical Center Association
- Alison Ruehl, Missouri Alliance of Home Care
- Charlotte York, Missouri State Board of Nursing Member

The members of the task force and Janet Wolken, Board staff, should be commended on their work. Within a year’s time, the task force thoroughly researched existing programs, decided what Missouri needs and presented a proposal to the Board that was approved and will now be submitted for legislative approval.

The goal of the impaired nurse program will be to provide a confidential peer assistance program for nurses whose practice may be impaired due to substance abuse and/or mental disorders, offering the impaired nurse a voluntary opportunity to seek treatment.

Legislative Update cont. from page 3

The rationale for the program includes the following.

- Provide a confidential means for treatment of nurses whose practice is impaired due to chemical dependence and mental disorders in order to provide increased protection of the public by allowing nurses to seek treatment.
- Promote the health and safety of the public and the nurses' recovery by promoting early identification and close monitoring of nurses who are impaired due to chemical dependency and mental illness.
- Decrease the time span between identification of a nurse's impaired practice secondary to chemical dependency or mental illness and initiation of treatment and recovery.
- Provide an opportunity for retention of nurses within the nursing profession.
- Provide a monitoring program for recovering nurses to assure compliance with treatment, recovery and re-entry into practice in a therapeutic, non-punitive manner.
- Develop a statewide resource network for referring nurses to appropriate services.

The proposal is modeled from the Dental Board's Well-Being Committee that is in existence and works well.

Legislative Proposal Language

If you want to see any of the draft language, feel free to send me an e-mail request to lori.scheidt@pr.mo.gov.

Shape the Future

As a licensed professional, you do have a voice in shaping the future of health care. You can meet with, call, write or e-mail your legislators. Let your legislators know how to reach you, your area of expertise and that you are willing to give them information on issues related to nursing. You can find information about the status of bills and how to contact legislators at <http://www.moga.state.mo.us>.

Investigations Corner

Authored by Quinn Lewis, BS
Investigations Administrator

THINK IT OVER

As an agency we ask that individuals take the time to consider their true intent before filing a complaint against a nurse. Not just the Board of Nursing, but all regulatory agencies receive complaints that are frivolous and at times vindictive in nature. In most instances individuals have options available within the workplace that would allow them to address a disagreement with a supervisor/co-worker, or issues of rudeness and unprofessional behavior. The Board considers those types of incidents as employee/employer type issues. Therefore the Board would prefer that those issues be handled by the employer.



Lewis

It takes a Board investigator an average of 12-15 hours to complete one nursing investigation. That includes the collecting of documents and statements and preparing the findings in an investigative report to be reviewed by the Board. Considering that the Board receives 800 to 1000 complaints per year, it is a monumental task for investigators to keep up with their case loads.

With the exception of those who are classified as mandatory reporters, we ask that individuals take some preliminary steps before filing a complaint. First, determine if the conduct that you wish to report is a

violation of the Nursing Practice Act. It would be a good idea to access the Nursing Practice Act, located on the Board's web site at <http://pr.mo.gov/nursing.asp>. After accessing the Nursing Practice Act, go to § 335.066.2, RSMo, which lists the fifteen causes for discipline. This will give you an idea if the complaint is a violation of the Nursing Practice Act and if it falls under the Board's jurisdiction.

Then ask yourself if the intent of your complaint is to protect the public. Sometimes a nurse is involved in a personal relationship which has gone bad, a family dispute, or a personal conflict with a co-worker that has nothing to do with patient care. If you find yourself filing a complaint against a nurse because of personal differences, the Board asks that you use alternative measures to solve your differences, rather than using the Board's resources.

Next consider your options if the situation occurs at work. Is patient safety compromised? If so, then the Board welcomes those types of complaints. Public safety is the Board's number one priority and anything that compromises patient safety should be reported regardless of the situation.

Personal disputes within the workplace should be handled in the workplace. Employees, who are having personal disputes at work, should follow their company's policies and procedures to resolve those issues.

As I mentioned before in this article, it takes a tremendous amount of time to process a complaint and complete the investigation. Receiving frivolous complaints hinders the Board's ability to investigate serious complaints and maximize their resources. The Board would appreciate an individual taking their time to consider the above mentioned suggestions before filing a complaint against a nurse.



Save This Date!

March 28-29, 2007

Patient Safety: Achieving Success in Missouri

Holiday Inn Executive Center—Columbia, MO

Join us at this conference to celebrate Patient Safety Awareness Month

The conference will include national speakers sharing successes and challenges to improving patient safety, including award-winning patient safety centers that have achieved statewide patient safety improvements. Successes of Missouri providers will be highlighted during a general session and a poster display networking session. Breakout sessions will highlight the topics of communication, culture, information technology and policy implications for patient safety success. The conference will be an opportunity to network with other leaders interested in improving patient safety and to share your own successes and challenges.

Go to **www.mocps.org** for information about sponsorship opportunities, a poster display application and additional information about the conference. Registration will be available online in January 2007.

Discipline Corner

Authored by Janet Wolken
Discipline Administrator

Missouri State Board of Nursing Discipline Committee Members:

- Charlotte York, LPN, Chair
- K’Alice Breinig, RN, MN
- Clarissa McCamy, LPN
- Amanda Skaggs, RNC, WHNP

Exclusion Lists

Section 335.066, RSMo is titled: Denial, revocation, or suspension of license, grounds for, civil immunity for providing information. In this article, I want to discuss placement on an employee disqualification list or other related restriction or finding pertaining to employment within a health-related profession issued by any state or federal government or agency following final disposition by such state or federal government or agency which is found in § 336.066.2 (15 RSMo).



Wolken

The Board receives questions from licensees concerning the Federal exclusion list and the State employee disqualification list. These questions should be directed to the appropriate agency (Office of Inspector General for federal list or Department of Health and Senior Services for state list). Please note placement on either of these lists is cause of discipline by the Board of Nursing. We encourage employers to check these lists on a routine basis to ensure that they are not in violation of the law.

Federal Exclusion List

The List of Excluded Individuals/Entities (LEIE) is available on the web site of the Health and Human Services Office of Inspector General. This list provides information regarding individuals that are excluded from participation in Medicare, Medicaid, and all Federal health care programs. If a nurse’s name is on this list no payment will be made from Medicare, Medicaid, and all other plans and programs that provide health benefits funded directly or indirectly by the federal government for any items or services furnished, ordered, or prescribed by this person.

The important thing for a nurse or an employer to be aware of is that this exclusion of payment not only applies to the excluded person but also to any employer of the excluded person.

If a nurse is placed on the federal list, once the exclusion term ends, reinstatement is not automatic. The excluded person must apply to be reinstated by writing to the Office of Inspector General within 90 days of the expiration of the minimum period of exclusion. If reinstatement is denied the nurse may reapply after one year.

There is an online searchable database that allows users to enter the name of an individual or business to determine if an exclusion is in effect. Employers checking the list should ensure that they are using the correct spelling of an employee’s name. The information is updated in the middle of the month and includes all actions taken during the prior month.

The above information as well as much more information may be found at <http://oig.hhs.gov/fraud/exclusions/faq.html>.

State Exclusion List

The Missouri Department of Health and Senior Services maintains an Employee Disqualification List (EDL). This is a listing of individuals who have been determined to have:

- A. abused or neglected a resident, patient, client, or consumer;
- B. misappropriated funds or property belonging to a resident, patient, client, or consumer; or
- C. falsified documentation verifying delivery of services to an in-home services client or consumer.

The nurse is placed on this list if the above acts occurred while the individual was employed by a long-term care facility, an in-home services provider agency, by a hospital, home health agency, hospice, or ambulatory surgical center, or by a consumer or vendor. Placement on the EDL is cause for discipline by the Board of Nursing.

If a nurse’s name is on the EDL then long term care facilities, in-home services provider agencies, hospitals, home health agencies, hospices and ambulatory surgical centers are prohibited from employing them in any capacity. Employers must check the EDL before hiring. The EDL is only available to employers and is only to be used for employment purposes.

The above information as well as more information about the Department of Health and Senior Services Employee Disqualification List may be found at <http://www.dhss.mo.gov/EDL/index.html>.

Education Corner



Practice Corner

Authored by Marilyn K. Nelson, RN, MA
Education Administrator

Missouri State Board of Nursing Education Committee Members:

- Teri A. Murray, Ph.D., RN, Chair
- Linda Conner, BSN, RN
- K'Alice Breinig, RN, MN
- Kay Thurston, ADN, RN

So what, you may wonder, does the Education Administrator do? One of the functions, as noted in my last column, is the review of the licensure examination pass rates of all of the nursing programs. However, the major responsibility is to oversee the programs in nursing that lead to an initial nursing license. These programs include practical, associate degree, diploma and baccalaureate nursing programs including bridge programs for LPNs to associate or baccalaureate degree. The Missouri State Board of Nursing does not oversee nursing programs which confer advanced practice status such as a Masters of Science in Nursing, Certified Registered Nurse Anesthetist, Family Nurse Practitioner, etc.



Nelson

There are currently 100 nursing programs in Missouri leading to initial licensure. There are 44 practical nursing programs, 34 associate degree nursing programs, 1 diploma program and 21 baccalaureate degree nursing programs. Each program must be approved by the Board of Nursing in order to operate. There are four purposes for deeming a nursing program approved:

- (1) To promote the safe practice of professional nursing by setting Minimum Standards for programs preparing entry-level nurses.
- (2) To assure that educational requirements for admission to the licensure examination have been met and to facilitate licensure endorsement in other states or countries.
- (3) To encourage continuing nursing program improvement via self-study, evaluation and consultation.
- (4) To assist nursing programs in developing and maintaining didactic and clinical standards that are congruent with current educational and nursing practices.

There are three approval classifications for nursing programs—Initial, Full and Conditional. Initial Approval is granted a program until Full Approval status is attained. This approval category is for new programs in nursing. An institution desiring to establish a program of nursing submits a letter of intent followed by a written proposal which must contain certain information as determined by the Board of Nursing and published in the state regulations. A site survey is conducted and then a Board of Nursing decision is made regarding granting initial approval. The program is evaluated annually throughout the period of initial approval to determine that Minimum Standards are being met. After the first class has completed the entire program, graduated, and taken the National Council Licensure Examination (NCLEX®), the Board of Nursing again reviews the program and

decides whether to continue initial approval for not more than one year, deny approval or grant full approval.

Full Approval is the status granted a nursing program after the program has graduated one class and has met and continues to meet the Minimum Standards.

Conditional Approval is the status of a nursing program that has failed to meet or maintain the Minimum Standards, or requirements, or both, as set by the Board of Nursing. As I have mentioned, in previous columns, a program is placed on Conditional Approval if the licensure examination performance of first-time candidates from the nursing program is less than eighty percent (80%) for two consecutive years.

All approved nursing programs must submit an annual registration application with a designated fee in order to operate. Failure to do this may result in a lapsed approval status and the initiation of a disciplinary process. Also, each program submits an annual report that includes documentation pertinent to the program such as faculty information, list of clinical sites utilized, publications, current operational budget, etc. to the Board of Nursing. The annual report is reviewed and the program is notified of the Board's action(s) i.e. acceptance, need of more information, etc. Each approved program is to be surveyed every five years from the first year of Full Approval via an on-site or paper survey. A five year on-site visit may be deferred if the nursing program is accredited by a nationally recognized nursing accrediting body such as National League for Nursing Accrediting Commission (NLNAC) or Collegiate Council on Nursing Education (CCNE) plus being accredited by The Higher Learning Commission of the North Central Association for Schools and Colleges, the Coordinating Board for Higher Education, Accrediting Council for Independent Colleges and Schools, or other agencies recognized by the U.S. Department of Education. Most of the practical nursing programs in the state are not accredited by a nationally recognized nursing education organization so on-site visits are conducted. The opposite is true of the programs leading to RN licensure.

Notice that the term "approved" is used, rather than the term "accredited" when referring to the status granted by the Board of Nursing. This change in language was made in 1999 and is consistent with that used by the National Council of State Boards of Nursing.

The Minimum Standards for Approved Programs of Professional Nursing and Practical Nursing can be found on the Board of Nursing's website.

The Board of Nursing reviews and approves the following program changes and requests:

- Curricular revisions
- Length of program
- Maximum number of students enrolling in a program
- Relocation of a program or any of its components
- Appointment of new faculty or program administrator
- Pilot projects

If a program chooses to voluntarily close, the plan for such closure must be approved by the Board of Nursing. This is to ensure that the program provides currently enrolled students the opportunity to complete the program and that the Board is notified as to the permanent custodian of transcripts.

Hopefully this article has given you a better understanding of the role of the Education Administrator and the Education Committee.

On another note, several nursing programs have conducted graduation ceremonies in December. I want to take this opportunity to wish the graduates success on the NCLEX® licensure examination and welcome them to the challenging and rewarding profession of nursing.

Authored by Debra Funk, RN
Practice Administrator

Missouri State Board of Nursing Practice Committee Members:

- Amanda Skaggs, RNC, WHNP, Chair
- K'Alice Breinig, RN, MN
- Clarissa McCamy, LPN
- Teri Murray, PhD, RN

New Practice Administrator

It is with great pleasure that I have accepted the position of Practice Administrator. I have been a RN for over 25 years in the Acute Care setting, 14 of those years in clinical management. I am a graduate from Millikin University in Decatur, Illinois and have a BSN. I plan to start working on my MSN very soon. Areas I have worked over the years include: Med/Surg, ICU, Ambulatory Surgery, Cardiac Cath Lab, Cardiac Stepdown and House Supervisor.



Funk

In the short time I have been at the Board of Nursing, I have learned so much about our Nursing Practice Act. I'm ashamed to say I hadn't ever read it cover to cover. I only referred to specific areas when a question arose. Now I use it multiple times a day to help nurses throughout our state answer questions about their practice. As nurses, we are very fortunate to have a profession that offers us such a variety of working environments. Each one of us starts at basically the same point and then we each build our career with experience and education.

I look forward to sharing with you current issues impacting nursing practice, both on the state level and the national level.

A Reminder for APRNs:

Be sure to forward a copy of your card from your certifying body after each renewal period. You should receive your recognition from the Board of Nursing in 10-14 days. If you do not, please call us to verify that we received your information. The certifying body is not responsible for sending them in to the Board of Nursing, you are. Even if you sign a release for them to forward it to us, it is still ultimately your responsibility to see that it is done. As a courtesy, we send you a reminder letter prior to expiration of your certification. If our records show that your certification has expired, you are no longer recognized as an APRN in Missouri. If your certificate of recognition expires, it will be necessary to complete and submit a new application for recognition as an APRN in order to obtain re-recognition. Likewise, if your RN expires, your recognition as an APRN expires at that time too. To reactivate your license, it will be necessary to complete and submit an application to renew an expired license. In addition, you will need to complete and submit a new application for recognition as an APRN as noted above. Reminder, you must be a licensed RN in Missouri to practice as an APRN. If you are practicing without one or both of these, your license could be subject to discipline by the Board of Nursing.



Licensure Corner

Authored by Angie Morice
Licensing Supervisor

Missouri State Board of Nursing Licensure Committee Members:

Kay Thurston, ADN, RN, Chair
Charlotte York, LPN
Clarissa McCamy, LPN
Linda Conner, RN

RN Renewal Notices

Renewal notices will be mailed beginning February 1, 2007. The fee to renew your RN license has been decreased for this period to \$45. You will have the option to either renew by mail or online.

To renew online, you will need to go to the website at <http://pr.mo.gov>. The instructions for renewal online are easy, you will need your PIN number and a credit card. We accept MasterCard, Visa, Discover, or American Express. The total cost will be \$47.50 which is the \$45 renewal fee and a \$2.50 processing fee that is charged by the credit card processing vendor.

The PIN number is a unique number assigned to you. It can be found on your paper renewal notice. In order to protect your personal information, your PIN number will not be provided to you over the phone. You can request your PIN number by written request with your name, license number, signature and current date and mailing address. Your PIN number will remain the same for every renewal in the future.

While renewing online, you will have the ability to volunteer for LEAD-R, which is Missouri's Licensed-Professional Emergency and Disaster Registry.

Once you have completed the online renewal, you can print a receipt for confirmation. It will take an average of 48-72 hours for your license to be renewed. You will only be able to renew your license online between February 1, 2007 and April 30, 2007. Your license will include a magnetic strip that will contain your licensure information and will be used if you are activated as part of the Licensed-Professionals Emergency and Disaster Registry (LEAD-R).

LEAD-R

As a national initiative, the Missouri State Board of Nursing partnered with the Missouri Department of Health and Senior Services to develop and implement a state-based system for establishing and verifying the qualifications of licensed professionals willing to volunteer during an emergency. The LEAD-R will serve as an official registry of professionals willing to volunteer services during an emergency declared by the Governor

or legislature. As a nurse, you can go online at any time with your license number and PIN number and update your information.

If an emergency is declared, then only designated individuals responsible for activating and utilizing the system will be able to query the system by proximity and credentials needed and activate volunteers. If you are activated, you would need to take a photo ID and your new license card with you to the emergency staging area to check in. Volunteers can decline calls to respond to emergencies.

324.010 No Delinquent Taxes, Condition for Renewal of Certain Professional Licenses

All persons and business entities renewing a license with the Division of Professional Registration are required to have paid all state income taxes and also are required to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns, your license will be subject to immediate suspension within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. If you have any questions, you may contact the Department of Revenue at 573-751-7200.

Name and Address Changes

Please notify our office of any name and/or address changes immediately in writing. The request must include your name, license number, your name and/or address change and your signature. Methods of submitting name and/or address changes are as follows:

- By faxing your request to 573-751-6745 or 0075 or
- By mailing your request to Missouri State Board of Nursing, PO Box 656, Jefferson City, Missouri 65102.

License Verification of Nurses

To verify the license status of a nurse and whether they are currently disciplined, you may go to our website at <http://pr.mo.gov/licensee-search.asp>. This website will verify the status all nurses licensed in Missouri including those nurses with temporary permits.



Morice

The Legal Perspective

Authored by Mikeal R. Louraine, B.S., J.D.
Legal Counsel

Frequently Asked Questions

Since I have been with the Board of Nursing, almost one year now, the Board of Nursing has always invited nursing students to observe the proceedings at Board meetings. This usually means the students get to watch several discipline or violation hearings plus a committee report or two. The last several Board meetings, though, the Board has had time after the hearings to entertain questions from the students. It occurred to me that many of the questions the students ask may interest the readers of the newsletter. Therefore, here are some of the most frequently asked questions;

1. How do you become a Board member?

Board members are appointed by the Governor with the advice and consent of the Senate. See §335.021 RSMo. In general, an interested applicant could either apply directly to the Governor, through written correspondence or through the Governor's web-site, or approach their state Senator to sponsor their application. A candidate would be subjected to a background investigation. If the Governor then chooses to appoint the applicant to the Board, they must be approved by the Senate. Board members serve four year terms and can only be appointed to serve two terms.



Louraine

In fact, if any of you are interested in serving on the Board, we are currently short two members; an RN and the public member.

2. What is the difference between the two types of hearings the Board conducts?

The Board has jurisdiction to conduct two kinds of hearings; disciplinary and probation violation hearings.

Disciplinary hearings occur after there has been a determination that the licensee has violated the Nurse Practice Act (NPA) and there are grounds for discipline against their license. That determination can be made by the Administrative Hearing Commission (AHC) or the licensee can consent that there are grounds for discipline. In these hearings, the only issue for the Board to decide is what the appropriate discipline is for the violation.

Probation violation hearings occur after the license has been previously placed on probation and there is an allegation that the requirements of probation are not being met. In these cases, there are two issues for the Board to decide: first, has the licensee violated the terms of probation; and, second, what additional discipline, if any, is appropriate. If the Board decides that additional discipline is called for, they have the same options as in a disciplinary case.

3. What discipline options does the Board have?

The four levels of discipline are censure, probation, suspension and revocation.

A **censure** is a public reprimand that will appear on your license.

The Board can place a license on **probation** for a period of one to five years. That probation will have terms and requirements that are appropriate to the violation of the NPA. All probation periods include requirements of employer evaluations and meetings with the Board's staff. If the violation involves a practice issue, the terms may include hours of related CEUs. If the violation involves a chemical dependency issue, the terms will include a chemical dependency evaluation and random drug screens.

The Board can **suspend** a license for a period of one day to three years. During the period of suspension, the licensee cannot practice nursing in the State of Missouri. At the conclusion of the suspension period, if the licensee is otherwise eligible, the license will be returned to active status. Suspensions are seldom used, but when they are, are often in conjunction with probation. For example, the Board may choose to suspend the license for a period of six months followed by five years of probation.

The Board may also **revoke** a license. Obviously, this ends a licensee's right to practice nursing in the State of Missouri. If a license is revoked, the licensee may re-apply for a license after one year. However, they have to go through the entire application process, including sitting for the NCLEX again.

4. How long before the licensee knows the Board's decision?

After the hearings are concluded, and students' questions are answered, the Board will go into closed session to decide the cases. The Missouri Sunshine Law allows the Board to go into closed session to deliberate and vote on any case heard by the Board. See §620.010.14(8) RSMo. The week after Board meetings, my paralegal and I draft the Orders and they are signed by the Executive Director. They are then sent by certified mail to the licensee. Usually, the licensee will know the outcome of their hearing within two weeks.

5. Why are some of the cases so old?

Unfortunately, there is no easy answer to this one. Part of the problem is the amount of time that it usually takes to get a case through the AHC process. If a case were filed with the AHC today, it would take approximately six months before it would be heard. In the last several years, the legislature has increased the number of cases that the AHC has jurisdiction over without granting them additional resources. The result has been a much slower case resolution rate.

Another issue is that many of our cases are handled by the Attorney General's Office. Their office handles cases for most of the Boards in the Division of Professional Registration. Due to this, many of the Assistant Attorney Generals have very large caseloads.

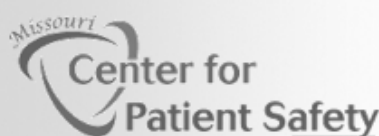
In addition, all complaints, notices and decisions must be served upon the licensee. This applies to the Board and the AHC. If a licensee decides that they don't want to be served, they can make our job very difficult. We currently have cases where we have been attempting to serve the licensee for months, even years.

We are taking steps to address these problems. First, by hiring an in-house attorney (me) the Board is attempting to streamline and speed up the process of getting cases settled and/or heard. The Board has also authorized the hiring of independent counsel to handle cases. Also, probation violation cases are being handled by in-house counsel (me again) instead of being sent to the Attorney General's Office. Further, part of the 'Patient Safety' bill that we will be pursuing in the next legislative session will allow us to serve licensees by publication if we are unable to serve them in person.

6. Do you have to hire an attorney to represent you before the Board?

The short answer is no, you can represent yourself before the Board. However, I always recommend that a licensee hire an attorney to guide them through the process. The fact is that the hearing process, rules of evidence, appeal rights, etc. can be very confusing to someone who is unfamiliar to the process. Frankly, it can be confusing to someone who is familiar to the process. Given what is potentially at stake, your nursing license, I would always recommend that a licensee seek legal advice.

Hopefully, you have found this article informative. My thanks to all the nursing students who came to the Board meetings and asked good questions. Keep the questions coming and I'll never have to scramble for a topic to write on. If any licensee has an issue that they would like to see addressed in this space, please let me know through my e-mail link on the Board's website.



March is Patient Safety Awareness Month sponsored by the Missouri Center for Patient Safety and the Missouri Department of Health and Senior Services. To celebrate patient safety initiatives, please join the Missouri Center for its first patient safety conference entitled: "Patient Safety: Achieving Success in Missouri" on March 28-29, 2007 in Columbia, MO. The conference will include national speakers sharing successes and challenges to improving patient safety, including award-winning patient safety centers that have achieved statewide patient safety improvements. Please visit www.mocps.org for more information or contact the Center at 573/636-1014.

Additional information about sponsorship opportunities, conference location and registration costs are available on our website www.mocps.org.

National Council of State Boards of Nursing (NCSBN) POSITION STATEMENT

The Ethical Recruitment of Nurses for Licensure

The National Council of State Boards of Nursing (NCSBN) supports the ethical recruitment of nurses. NCSBN defines ‘ethical recruitment’ as a hiring process free from intimidation, misleading information or exploitation.

NCSBN supports the lawful entry of nurses from other countries provided they meet U.S. federal immigration and labor requirements, and obtain and maintain a valid state or territorial license to practice.

Background:

NCSBN is composed of the 59 state and territorial boards of nursing who regulate nurses in the U.S. It is the boards of nursing who issue licenses to all nurses to practice in their respective jurisdictions.

The NCSBN Board of Directors has approved a position regarding the shortage of nurses and affirmed the need to maintain the standards of practice to best protect the public and uphold U.S. state and territorial licensure standards regardless of whether the nurse is domestically or internationally educated.

Additionally, NCSBN also has a position on International Nurse Immigration.

Recruitment Position:

NCSBN respects the right of nurses to determine the country in which they choose to work. A thorough decision making process by the nurse can only be made with complete information concerning the implications of relocation. Any recruitment of nurses for the U.S. workforce must be ethical.

High ethical standards in recruitment are supported by NCSBN. Recruitment must not mislead, intimidate or exploit. Ethical recruitment includes:

1. Transparency in all communications and any offers of employment.
2. Making available all information necessary for an informed decision concerning the circumstances and laws bearing on crossing borders, immigration, labor environment, and the potential new living and working conditions.
3. Full disclosure of requirements for nurse competency in the workplace, including legal prerequisites for licensure and maintenance of licensure.
4. Adoption of high ethical standards in nurse recruiting.
5. Development of sanctions for those engaging in unethical practices.

Recommendations:

NCSBN recommends that state and federal

policymakers consider ethical recruitment policies when addressing the growing shortage of nurses in the United States (U.S.). NCSBN understands that the health and future of our nation in part depends on an adequate and appropriately qualified supply of licensed nurses.

Nurses coming to practice in the U.S. should do so at their own free will with the expectation of being treated equally among all nurses working in the U.S.

NCSBN supports the right of individuals to migrate to the country of their choosing, as allowed by law. Nurses should have the following in order to become licensed in the U.S.:

- Comparable nursing education.
- English language proficiency to safely practice in the U.S. healthcare environment.
- No current or previous disciplinary or criminal actions related to their current or previous license/registration to practice nursing.
- Successful completion of the NCLEX-RN® or NCLEX-PN® licensing examination.
- Possess no fraudulent or other illegally obtained documentation related to the verification of their required nurse credentials.

To best support ethical recruitment practices, NCSBN recommends the following:

- Support state and federal governments in the monitoring of nurse recruiting agencies and the development of sanctions for those agencies that engage in unethical recruitment practices.
- Collect and disseminate accurate national and state statistics about the numbers and types of domestic and internationally educated nurses coming to the U.S. and where they are working.

NCSBN supports the programs of all countries designed to retain and strengthen their nursing workforce. NCSBN understands that each country has responsibilities to meet the health care needs of their own population and respect those efforts. Additionally, NCSBN supports the position that the recruitment and migration of all nurses be held to the highest ethical and legal standards.

For additional information regarding NCSBN policies and position statements, contact Kristin Hellquist, NCSBN Director of Policy & Government Affairs at 312.525.3665 or khellquist@ncsbn.org.

References:

NCSBN Position Statement 2000, Nursing Shortage, www.ncsbn.org

NCSBN Position Statement 2003, Internationally-educated Nurses, www.ncsbn.org

ICN Position Statement, 2001, Ethical Nurse Recruitment www.icn.ch

AONE Policy Statement 2003, Foreign Nurse Recruitment www.aone.org/aone/advocacy/ps_foreign_recruitment.html

The NCLEX-RN® Examination Passing Standard Revised for Public Safety

CHICAGO—The National Council of State Boards of Nursing, Inc. (NCSBN®) voted at its Dec. 5-7, 2006 meeting to raise the passing standard for the NCLEX-RN® examination (the National Council Licensure Examination for Registered Nurses). The new passing standard is -0.2100 logits on the NCLEX-RN logistic scale, 0.070 logits higher than the previous standard of -0.2800. The new passing standard will take effect on April 1, 2007, in conjunction with the *2007 NCLEX-RN® Test Plan*.

After consideration of all available information, the NCSBN Board of Directors determined that safe and effective entry-level RN practice requires a greater level of knowledge, skills, and abilities than was required in 2004, when NCSBN established the current standard. The passing standard was increased in response to changes in U.S. health care delivery and nursing practice that have resulted in the greater acuity of clients seen by entry-level RNs.

The Board of Directors used multiple sources of information to guide its evaluation and discussion regarding the change in passing standard. As part of this process, NCSBN convened an expert panel of 11 nurses to perform a criterion-referenced standard setting procedure. The panel’s findings supported the creation of a higher passing standard. NCSBN also considered the results of a national survey of nursing professionals including nursing educators, directors of nursing in acute care settings and administrators of long-term care facilities.

In accordance with a motion adopted by the 1989 NCSBN Delegate Assembly, the NCSBN Board of Directors evaluates the passing standard for the NCLEX-RN examination every three years to protect the public by ensuring minimal competence for entry-level RNs. NCSBN coordinates the passing standard analysis with the three-year cycle of test plan content evaluation, conducted using a practice analysis of entry-level RNs. This three-year cycle was developed to keep the test content and passing standard current with entry-level practice. A PDF of the *2007 NCLEX-RN® Test Plan* is available free of charge from the NCSBN Web site (https://www.ncsbn.org/RN_Test_Plan_2007_Web.pdf).

The National Council of State Boards of Nursing, Inc. (NCSBN) is a not-for-profit organization whose membership comprises the boards of nursing in the 50 states, the District of Columbia and four U.S. territories.

Mission: The National Council of State Boards of Nursing (NCSBN), composed of Member Boards, provides leadership to advance regulatory excellence for public protection.

The definition of a logit may be found on NCSBN’s Web site at https://www.ncsbn.org/02_18_05_brief.pdf.

Golden Nurses

We are happy to announce that *Golden Certificates* were recently sent to 170 Registered Nurses and 12 Licensed Practical Nurses. These individuals have active licenses and have been licensed in the state of Missouri for 50 years. We take great pleasure in marking this special achievement in the second year of our Golden Award Recognition program. A list of those receiving a *Golden Certificate* follows.

Golden Nurses—2007

Jeanette S Adams	Nov-57	Parkville, MO	Irene M Ebert	Sep-57	Columbia, IL	Genevieve A Mason	Jan-57	Manchester, MO
Beverly A Akers	Nov-56	Bonne Terre, MO	Delemar B Ehrhardt	Dec-56	Lohman, MO	Jean M McFarland	Jan-57	Saint Louis, MO
Marie J Ament	Sep-57	Ballwin, MO	Barbara A Elkins	Sep-57	Kansas City, MO	Carolyn J McKenzie	Jan-57	Saint Louis, MO
Louise A Ammatelli	Nov-56	Shawnee Mission, KS	Marilyn A Engelman	Nov-56	Florissant, MO	Doris J Curry IL	Nov-56	Sparta, IL
Rowena E Anglen	Sep-57	Marshall, MO	Elizabeth J Fischer	Nov-56	Hannibal, MO	Betty G Mehrle	Jan-57	Caruthersville, MO
Anna M Bachman	May-56	Saint Joseph, MO	Joyce Lee Furtkamp	Oct-56	Lebanon, IL	Marilyn E Meinert	Sep-57	St. Joseph, MO
Sylvia D Baker	Mar-56	Saint Louis, MO	Patricia P Gaddy	Nov-57	Rolla, MO	Nancy A Menghini	Jan-57	Saint Louis, MO
Anna L Baska	Mar-57	Kansas City, KS	Lynn Gagliardo	Mar-56	Clayton, MO	Mary T Menzel	Jan-57	Arnold, MO
Barbara J Bass	Jul-56	Higginsville, MO	Barbara D Gardner	Nov-56	Kirkwood, MO	Wanda D Meyer	Sep-57	Ellisville, MO
Carol J Bear	Nov-56	O'Fallon, MO	Shiloh A Garies	Nov-56	Shawnee, KS	Agnes L Meyers	Nov-56	Lees Summit, MO
Joan Alice Berg	Nov-56	Westminister, CO	Virginia M Geisert	Mar-57	Willard, MO	Bessie J Miller	Jan-57	Saint Louis, MO
Helen M Berry	Nov-56	Kirkwood, MO	Jean R Gildehaus	Jan-57	Washington, MO	Patricia M Miller	Sep-57	Washington, MO
Eleanor I Bode	Nov-57	Holts Summit, MO	Mary L Gillilan	Sep-57	Jefferson City, MO	Clara F Milster	Mar-56	Saint Louis, MO
Barbara A Brackley	Nov-56	Springfield, MO	Dortha L Glass	Nov-56	Louisiana, MO	Martha M Mitchell	Jan-57	Independence, MO
Eva Jo Bradford	Aug-57	Rolla, MO	Ramona M Gornet	Jan-57	Saint Louis, MO	Regina A Moellenbeck	Jan-57	Saint Charles, MO
Mary L Britt	Nov-56	Bevier, MO	Bette J Gourley	Jan-57	Cahokia, IL	Jewell A Mosley	Dec-56	Valley Park, MO
Mary A Bromley	Mar-56	Saint Joseph, MO	Lyndell M Green	Nov-57	St. Louis, MO	Marcella A		
Shirley J Brummett	Nov-56	St. Ann, MO	Sharen L Green	Sep-57	Holts Summit, MO	Muehlebach	Nov-56	Kansas City, MO
Gloria M Brunnert	Nov-56	Vienna, MO	Delia F Greer	Jan-57	Florissant, MO	Ruth L Murray	Jan-57	Olivette, MO
Vera J Bruss	Nov-56	Barnhart, MO	Nancy C Guthrie	Jan-57	Avondale, MO	Claudia J Murray	Jan-57	Columbia, MO
Eleanor R Brzezinski	Sep-56	Crestwood, MO	Eva M Hall	Nov-57	Calhoun, MO	Joyce V Newcomb	Sep-57	Eugene, MO
Bonnie M Bulloc	Nov-56	Bolivar, MO	Diana Hallgrimson	Sep-57	Lake Tapawingo, MO	Jo A Nichols	Jan-57	Kimberling City, MO
Rita M Burns	Nov-56	St. Joseph, MO	Joan A Harrison	Nov-57	Festus, MO	Dorothy M O'Driscoll	Jan-57	Ballwin, MO
Delores J Burt	Sep-57	Grove, OK	Barbara J Heath	Mar-57	Saint Joseph, MO	Janet F Olmsted	Jan-57	West Plains, MO
Imogene Calcaterra			Katherine K Heberer	Sep-57	Saint Louis, MO	Suzanne D Phillips	Sep-57	Rolla, MO
LePique	Mar-56	St. Charles, MO	Marlene Hill	Jan-57	Hazelwood, MO	Lucille J Piontek	Jan-57	Washington, MO
Linda Castillo	Nov-56	Kansas City, MO	Starr A Hoffman	Sep-57	Columbia, MO	Joan M Pratt	Nov-56	Independence, MO
Deleta F Castle	Sep-57	Marshall, MO	Doris M Holtzman	Jan-57	Creve Coeur, MO	Charlene A Rand	Nov-57	Aurora, MO
Jean E Chapman	Sep-56	Hannibal, MO	Barbara J Hoss	Jan-57	Fair Grove, MO	Etta J Ray	Dec-57	Grandview, MO
Mary S Chiarelli	Sep-57	Kansas City, MO	Nancy S Houk	Jan-57	Joplin, MO	Constance H Record	Jan-57	Benton, MO
Nancy L Cirar	Sep-57	St. Ann, MO	Beatrice N Howard	Jan-57	Warrensburg, MO	Darlene A Reed	Aug-57	Liberty, MO
Ann N Cobbs	Mar-57	Saint Louis, MO	Mary E Howard-Rice	Mar-56	Creve Coeur, MO	Betty L Riccardi	Nov-56	Bala Cynwyd, PA
Caroline L Coffey	Nov-57	St. Charles, MO	Shirley M Hoye	Nov-56	Sainte Genevieve, MO	Janet F Ritchey	Nov-56	Saint Louis, MO
Mary Ellen Collins	Nov-56	Kansas City, MO	Dolores J Huddleston	Nov-56	Hazelwood, MO	Mary A Robertson	Jan-57	St. Joseph, MO
Ann C Conn	Nov-56	Sparta, IL	Jean B Hunkeler	Jan-57	Linn Creek, MO	Patricia M Robinett	Mar-56	Shawnee Mission, KS
Mary L Cooney	Nov-56	Prairie Village, KS	Anna T Ikeda-Tabor	Nov-56	High Ridge, MO	Joyce W Robinson	Oct-56	Creve Coeur, MO
Mary L Cox	Nov-56	Savannah, MO	Shirley M Jarrett	Sep-57	Troy, KS	Judith A Rockhold	Jan-57	Lexington, MO
Paula A Crigger	Mar-57	Harrisonville, MO	Mirofora Jatho	Jan-57	Fulton, MO	Ora E Roider	Jan-57	Red Bud, IL
Marcia S Custer	Mar-57	Edwardsville, IL	Geraldine I Johnson	Jan-57	Saint Louis, MO	Evelyn M Rothenberger	Mar-57	Overland Park, KS
Mary E Daily	Nov-57	Kennett, MO	Naomi J Jones	Jan-57	Garden City, MO	Charlott L Rubin	Sep-57	Aurora, CO
Mary A Davis	Jan-57	Florissant, MO	Beverly Jones	Jan-57	St. Charles, MO	Marilyn B Ryan	Sep-57	Warsaw, MO
Clare V Devivo	Sep-57	Saint Louis, MO	Avis A Jones-			Jane S Sackett	Jan-57	Overland, MO
Wilma K Donnelly	Sep-57	Leawood, KS	Winningham	Sep-57	Richland, MO	Marilyn J Sampson	Mar-57	Cleveland, MO
Mary Carol Duling	Sep-57	St. Charles, MO	Annie M Kelly	Nov-56	Blue Springs, MO	Hector A Sanchez		
Patricia A Duncan	Sep-57	Kansas City, MO	Millie M King	Aug-57	Kansas City, MO	Rivera	Jan-57	Shiloh, IL
Joyce L Duncan	Sep-57	Poplar Bluff, MO	Mary A Kitchin	Jan-57	Kansas City, MO	Marilyn M Schaefer	Jan-57	Independence, MO
			Carol F Kontz	Sep-57	Lake St. Louis, MO	Mary E Scheihing	Sep-57	Kansas City, MO
			Betty D Kroeger	Jan-57	Centralia, MO	Mary C Schejbal	Nov-56	Ballwin, MO
			Donna O Kurtz	Jan-57	Oregon, MO	Mary A Schrader	Jan-57	Saint Louis, MO
			Suzanne M Lauber-			Frona L Sees	Jan-57	Marshfield, MO
			Fleming	Nov-56	High Ridge, MO	Audrey E Self	Mar-57	Sedalia, MO
			Elizabeth S			Delores Nancy Shaw-		
			Lingenfelter	Nov-56	Overland Park, KS	Kelley	Nov-57	Springfield, VA
			Anna M Lippert	Jan-57	Camdenton, MO	Laura W Shore	Jan-57	Owensville, MO
			Clara M Lucas	Jan-57	Kansas City, MO	Charlene S Shrout	Jan-57	Pinellas Park, FL
			Marilyn N Macker	Jan-57	Fulton, MO	Anna J Simmons	Nov-57	Cape Girardeau, MO
			Anna J March	Jan-57	Queen City, MO	Dorothy L Simmons	Jan-57	Lees Summit, MO
						Coretta M Smith	Nov-56	Florissant, MO
						Billie T Smith	Nov-56	Tarkio, MO
						Mary Jane Spain	Mar-56	Saint Charles, MO
						Irma D Speed	Dec-57	Saint Louis, MO
						Sr M Jeanice Speidel	Jan-57	Saint Louis, MO
						Lois Norine Spencer	Nov-56	Lansdowne, VA
						Mary A Speno	Sep-57	Saint Louis, MO
						Loah L Stallard	Dec-56	Saint Joseph, MO
						Esther F Stater	Jan-57	Jerseyville, IL
						Nancy J Steiner	Jan-57	Springfield, MO
						Lora B Suiter	Mar-57	Osceola, MO
						Sharon L Summers	Nov-56	Overland Park, KS
						Wilma J Svetina	Nov-56	Maryland Heights, MO
						Betty L Swyers	Nov-56	Maryland Heights, MO
						Patricia W Thomas	Sep-57	Saint Louis, MO
						Roberta H Tolpen	Jan-57	Saint Louis, MO
						Margaret K Turnbull	Jan-57	Kansas City, MO
						Jacqueline Rae Valanne	Jan-57	Kansas City, MO
						Freda K Vollmar	Jan-57	Sunset Hills, MO
						Myrna E Wallace	Jan-57	Lexington, MO
						Mary A Webster		
						Glenski	Sep-57	Kansas City, MO
						Phyllis Irene B		
						Weishar	Dec-57	Shawnee Mission, KS
						Wilma W Whitney	Sep-57	Saint Louis, MO
						Jacklyn E Wilcoxson	Sep-57	Parkville, MO
						Patricia J Wood	Jan-57	Chicago, IL
						Ruth M Woodson	Nov-57	Florissant, MO
						Carol W Wynn	Jan-57	Kansas City, MO
						Ellen A Young	Nov-56	Union, MO
						Patricia A Zubeck	Jan-57	Kingsville, MO

The Board of Nursing is requesting contact from the following individuals:

Penny A. Banks, PN
Debra Eaton
Aprelle Danyelle Holbrook, RN
Lisa Ann Johnson, RN
Gladys R. Warrior, RN

If anyone has knowledge of their whereabouts, please contact Quinn at 573-751-8740 or send an email to nursing@pr.mo.gov.

INITIAL PROBATIONARY LICENSE

Name	License Number	Violation	Effective Date of Restricted License
Arica Sue Doerr Union, MO	PN2006035576	Section 335.066.1. and 2. (1) and (14), RSMo. On 4/21/06, Licensee self-reported that she tested positive for a controlled substance.	11/8/2006 to 11/8/2008
Theresa Gale Hager Lake Ozark, MO	RN2006031523	Section 335.066.1. and 2. (2), RSMo On 3/24/04, Licensee entered a plea of guilty to the charges of Unlawful Use of a Weapon and Aggravated Assault.	10/6/2006 to 10/6/2009
Debra Renae Jones Prairie Village, KS	PN2006029590	Section 335.066.1. and 2. (2) and (8), RSMo On 5/20/87, Licensee's license in the State of Texas was disciplined. Licensee successfully completed her period of probation on 5/20/88. On 12/1/93, Licensee pled guilty to Reckless Conduct in the Circuit Court of Dallas County, Texas. Licensee was fined and placed on 6 months unsupervised probation, which she successfully completed. On 10/3/94, Licensee pled guilty to Passing Bad Checks in the Circuit Court of Dallas County, Texas. Licensee was fined and placed on 1 year unsupervised probation, which she successfully completed. On 11/18/98, Licensee pled guilty to Assault in the Circuit Court of Dallas County, Texas. Licensee was fined and placed on 1 year unsupervised probation, which included conditions of community service and anger management classes. Licensee successfully completed that period of probation.	9/21/2006 to 9/21/2008
Wayne Russell Tooele, UT	PN041395	Section 335.066.1. and 2. (2), RSMo. On 10/19/00, Licensee pled guilty to stealing. Imposition of sentence was suspended and Licensee was placed on 1 year probation with the state.	10/2/2006 to 10/2/2007
Joseph P Stanton Savannah, MO	RN100046	Section 335.066.1 and .2(15), RSMo 2000 On 11/18/04, Licensee was placed upon the federal employment disqualification list excluding him from participating in any Medicare, Medicaid and all Federal health care programs for a period of five years.	10/16/2006 to 10/16/2008
Jacqueline S Taylor Kansas City, MO	PN2005038149	Section 335.066.1 and .2(2), RSMo 2000 On 3/13/06, Licensee entered a plea of guilty to the charge of Burglary in the Second Degree.	10/31/2006 to 10/31/2011
Brandi Cineat Watts Benton Harbor, MI	PN2006036104	Section 335.066.1. and 2. (1), (2) and (14), RSMo On 6/13/01, Licensee entered a plea of guilty to the charge of Driving with a Suspended License. On that same date, Licensee entered a plea of no contest to Possession of Marijuana.	11/20/2006 to 11/20/2008
Jessica Victoria Will La Grange, MO	PN2006036947	Section 335.066.1 and .2(2), RSMo 2000 On 8/6/99, Licensee entered a plea of guilty to the charge of Possession of Alcohol Under Age. On 1/31/05, Licensee plead guilty to stealing.	11/21/2006 to 11/21/2007

Area Woman is Sentenced to 44 Months in Prison for Representing Herself as a Registered Nurse to Obtain Employment at Elderly Care Facilities and for Stealing \$9,973 from a 90-Year-Old Patient

St. Louis, Missouri: Sharon Otey was sentenced to 44 months in prison and ordered to pay \$313,196 in restitution for misrepresenting herself as a registered nurse to obtain employment at nursing homes and agencies that provide in-home elderly care, United States Attorney Catherine L. Hanaway announced today.

"Ms. Otey put people at risk by misrepresenting her health care training and outright stole from one man entrusted to her care. She deserves every day of this sentence," said Hanaway.

Otey made false statements concerning her education and employment background and used false social security numbers to prevent home care agencies from determining her true education and employment background. Between May 1996 and October 2002, Otey submitted employment applications to seven different agencies, including nursing homes and agencies that provide in-home care services to elderly and disable clients. She falsely claimed that she was a registered nurse and had never been on an Employee Disqualification List (EDL).

In March 2000, Otey was employed by a home health care agency to provide in-home services to a 90-year old man. Following a complaint from the patient's family, the Missouri Department of Health and Senior Services determined that between March 5 and 16, 2000, twenty-one checks were written on the patient's account, totaling \$9,973. The checks were payable to Otey, her daughter, and several of Otey's friends. Otey was placed on the EDL as a result of this theft.

Sharon Otey, St. Louis, pled guilty last August to one felony count of health care fraud and one felony count of misuse of a social security number. She appeared today for sentencing before United States District Judge Charles A. Shaw.

Otey is the second person to plead guilty for falsely claiming to be a nurse, while employed at Complete Care of America, a local agency that provided in-home health services to elderly and disabled patients. Brenda Bassett pled guilty in 2006 and was sentenced on June 30, 2006, to five years probation for posing as a licensed practical nurse.

Complete Care and five other employees of Complete Care were separately charged. Two of the individual defendants, Sharon Johnson and Earlean Hopson, have pled guilty and are awaiting sentencing. Trial of the remaining defendants is scheduled for March 5, 2007. They are presumed innocent until and unless proven guilty.

Hanaway commended the work performed on the case by the Federal Bureau of Investigation; the Social Administration—Office of the Inspector General; the Missouri Department of Health and Senior Services—Office of Special Investigations; and Assistant United States Attorney Dorothy McMurty, who handled the case for the U.S. Attorney's Office.

CENSURE LIST			
Name	License Number	Violation	Effective Date of Censured License
Shari L Crutchfield Chesterfield, MO	RN110724	Section 335.066.2(14), RSMo On 9/12/05, Licensee wrote a prescription for Xanax, a controlled substance for a patient of her employer. No harm resulted to the patient from this prescription. This prescription had been written for the patient in the past and it was appropriate to give to this patient.	Censure 9/20/2006
Debra A Dale Sikeston, MO	PN040009	Section 335.066.2(5) and (14), RSMo Licensee was employed at a hospital from 3/24/04 until termination on 9/20/04; for numerous absences, long smoking breaks, sleeping while on duty and appearing to sleep while on duty. Licensee told supervisor that she did not feel comfortable working in the unit she was on. Supervisor told Licensee that she needed to be familiar with all units and to be able to work on them. Licensee was offered additional education and training and she stated that she would take the additional classes. On 6/4/04 evaluation, it stated that the Licensee had made an epidural error. Licensee indicated to her supervisor that she was familiar with epidurals. On 9/8/04, Licensee attended a Supervisory Conference where she discussed with them her two unexcused absences and seven sick days since her date of hire on 3/24/04. On 9/7/04 and 9/8/04, Licensee was observed sleeping while on duty, which she denies. Licensee was also notified of her inappropriate conversations with other staff members.	Censure 9/12/2006
David Joseph Grubbs Saint Louis, MO	PN2003006436	Section 335.066.2(5) and (14), RSMo 2000 On 9/22/04, Licensee, while working as a charge nurse, took two residents outside for a smoking break; as the residents must be supervised while outside. Licensee was still outside when two housekeepers took two other residents outside. One of the housekeepers asked Licensee if he would watch them and he said he would. Licensee brought back the residents he had taken out. Licensee left the residents that the housekeepers took outside alone without any supervision. Previously, Licensee had been talked to regarding charting information. It was observed Licensee charting monthly summaries on patients. Licensee asked the nurse’s assistant if a certain patient had skin issues. Licensee noted that the patient had no skin issues when in reality the patient had the problem.	Censure 11/17/2006
Grace S McCarthy Hillsboro, MO	PN032029	Section 335.066.2(5) and (14), RSMo. From 8/23/04 to 9/22/05, Licensee practiced as a licensed practical nurse on a lapsed license.	Censure 9/12/2006
Mary Beth Walker Kansas City, MO	RN107943	Section 335.066.2(5) and (14), RSMo 2000 Licensee did not visit a home health patient on 4/28/05, was not consistent in scheduling visits, rescheduling canceled visits, and was slow in providing healthcare needs. Patient’s legs have gotten worse due to lack of care and follow up. Licensee stated she did visit on 4/28/05 but failed to obtain a signature from the patient. Licensee received an order to do three AM blood pressure checks for a patient, acknowledged receiving the order stated she did not do early morning visits and stated she was planning on assigning an LPN to do the visits but has not done so yet. Numerous other complaints that the Licensee did not show up for visits and did not call to let them know the visits were canceled.	Censure 11/10/2006

PROBATION LIST

Name	License Number	Violation	Effective Date of Probation
Irene E Bain Springfield, MO	RN099189	Section 335.066.2(1), (5), (12) and (14), RSMo 2000 On 3/24/04, Licensee diverted Roxicet for her personal use by diverting 21 tablets of Roxicet from one patient and replacing it with another patient's Tylenol. On 3/16/04, during an interview with the DON, Licensee admitted that she had taken the Roxicet for her personal use.	Probation 10/21/2006 to 10/21/2009
David Anthony Beam Saint Louis, MO	RN2000146646	Section 335.066.2(5) and (12), RSMo 2002 In 7/05, Licensee withdrew 1.75mg vials of Dilaudid for a patient by overriding the hospital's Pyxis machine on 13 different occasions. The patient did not have a physician's order for Dilaudid. Licensee failed to document the administration and/or wastage of the 13 vials of Dilaudid. In 7/05, Licensee withdrew 3.75mg vials of Dilaudid for a patient on 2 different occasions and failed to document the administration and/or wastage of the 2 vials of Dilaudid. In 7/05, Licensee withdrew 6mg vials of Dilaudid for a patient on 4 different occasions and failed to document the administration and/or wastage of the 4 vials of Dilaudid. In 7/05, Licensee withdrew 4.25mg vials of Dilaudid for a patient on 7 different occasions and failed to document the administration and/or wastage of the Dilaudid. In 7/05, Licensee with 4mg vial of Dilaudid for patient on 1 occasion and failed to document administration and/ or wastage of the Dilaudid.	Probation 9/20/2006 to 9/20/2008
Virginia Marlene Caulley Burlington, IA	RN2005001717	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. Licensee is required to contract with a third party to perform random drug and alcohol screenings. From 2/3/05 until 2/22/06, Licensee failed to contract with a third party to perform screenings. As a result of this refusal, Licensee did not participate in any drug screenings for the first year of her disciplinary period.	Probation 10/25/2006 to 10/25/2008
Kristin Marie Cloepfil Savannah, MO	PN2000165069	Section 335.066.2(1), (5), (6), (12), (14), RSMo 2000 On 7/9/04, Licensee submitted to a drug screen which was positive for Alprazolam, Cannabinoids (marijuana) and Cocaine.	Probation 10/3/2006 to 10/3/2009

Probation List cont. to page 14

Probation List cont. from page 13

Name	License Number	Violation	Effective Date of Probation
Susan Marie Consuegra Ballwin, MO	RN2005007939	Section 335.066.2(5) and (12), RSMo 2000 On 7/3/05, Licensee worked the night shift starting on 7/2/05 and continuing into 7/3/05. Licensee removed one 10 milligram tablet of Ritalin for her personal use from the medication administration machine. Licensee falsely documented the Ritalin tablet as taken out for a patient. After removing the Ritalin from the Pyxis machine, Licensee went to her supervisor and stated that she had removed the 10 mg tablet of Ritalin for her personal use. Licensee stated that she had a current prescription for the drug, but had forgotten to take her own Ritalin that evening at home.	Probation 11/15/2006 to 11/15/2007
Edward Lane deVilbiss Columbia, MO	RN2001018405	Section 620.153 RSMo Licensee violated the terms of discipline. On 3/16/06, Licensee submitted urine sample for random drug screening that tested positive for the presence of cocaine. Licensee did not have a valid prescription for cocaine.	Probation 11/1/2006 to 11/1/2011
Gregory W Evans Evansville, IN	RN129504	Section 335.066.2(1), (5) and (12), RSMo 2000 Licensee reports his alcohol abuse began in 1989 and he has not been able to remain sober for more than 4 months at any given time. On two occasions in September and October 2005, Licensee relapsed and started drinking alcohol again. During this time, Licensee did not show up for his scheduled shifts at his place of employment where he was assigned as a RN and did not notify the hospital that he was unable to work his scheduled shifts. Licensee reports that on these two occasions he was too intoxicated to go to work. Licensee reports consuming alcohol to such an extent that his ability to perform the work of a RN was impaired.	Probation to 10/20/2011 10/20/2006
Theresa M Flieger Troy, MO	PN047909	Section 620.153 RSMO Licensee violated the terms of discipline. Licensee is required to contract with NCPS, Inc. to schedule random drug and alcohol screenings. In the period of 9/05 through 9/06, Licensee has failed to call in to NCPS, Inc. on thirteen days. Further, on four separate days, Licensee called NCPS, Inc. and was advised that she had been selected to provide a urine sample for screening. Licensee failed to report to the laboratory to provide the requested sample.	Probation 9/14/2006 to 9/14/2011

Probation List cont. from page 14

Name	License Number	Violation	Effective Date of Probation
Lisa A Hagan O Fallon MO	RN099502	Section 335.066.2(5) and (14) RSMo Licensee worked in a Hospital in August 2005. During the time Licensee was working, Licensee suffered from depression and was taking anti-depression medication. Licensee was, at times, asked to take time off because she appeared sleepy and unable to concentrate. On 8/17/05, discrepancies were found between narcotics withdrawn from the Pyxis versus those documented by the Licensee. On 8/15/05 and 8/16/05, there were eleven different incidents in which the Licensee withdrew 4mg/ml vials of morphine from the Pyxis. Licensee did not document the narcotic withdrawal in the patient’s charts nor was there any documentation by the Licensee that the patients had received their medication. When asked about the charting and narcotic discrepancies, Licensee stated she could not explain the discrepancies and blamed the “errors” on her anti-depressant medication and her inability to concentrate due to sleepiness.	Probation 9/12/2006 to 9/12/2007
Vickie L Holmes Normandy, MO	RN061426	Section 335.066.2(5) & (12), RSMo 2000 On 10/15/04 and 11/05/04, Licensee logged into and reviewed a patient’s electronic medical records in order to determine whether or not Licensee should assist the patient in obtaining a loan. Licensee was not assigned to care for the patient whose file she accessed and had no medical need to access the patient’s records. Licensee falsely identified herself as a physician when logging into the patient’s records. On 6/05/05 and 6/30/05, Licensee again logged into the patient’s records as a physician when the patient was not assigned to the Licensee’s care. Licensee logged into the patient’s files as described above because she was curious about the patient’s condition.	Probation 10/19/2006 to 10/19/2007

Probation List cont. from page 15

Name	License Number	Violation	Effective Date of Probation
Brenda Gernea Johnson Florissant, MO	RN1999136888	Section 335.066.2(1), (5), (6), (12) and (14), RSMo 2000 On 2/13/06, while on duty, Licensee left 2 North, the floor she was working on and went to 5 North where she copied a patient’s face sheet and faxed it along with a fraudulent prescription she’d written for Vicodin to the pharmacy with the intention that she would pick up the medication for her personal consumption. Licensee used the patient’s treating physician’s name and DEA number without his authorization or knowledge.	Probation 9/14/2006 to 9/14/2008
Traci A Joyce Belleville, IL	RN2001000451	Section 335.066.2(5) and (12) RSMo On 6/30/04, Licensee recorded blood sugar levels in a patient’s medical record without having checked that patient’s blood sugar level that day.	Probation 9/18/2006 to 9/18/2009
Donald R Manary Warrensburg, MO	RN132735	Section 335.066.2(5) and (12), RSMo 2000 On 8/21/05, Patient arrived at the emergency room accompanied by EMS staff and Sheriff Department Staff. Patient was an inmate at the local jail with a history of back surgery done 8 years prior. Licensee assessed the Patient who was complaining of low back pain, numbness and tingling down his left leg. Licensee removed Patient’s left sandal and swung the sandal, striking the Patient on the bottom of his left foot, causing the patient to yell out. Licensee conducted a minimal exam of the Patient’s left foot, which was the only exam conducted on the Patient. Licensee then instructed the EMS staff to remove the Patient from the back board, discontinue the IV and place the Patient in a wheelchair in the lobby because no rooms were available. Based on the limited information the Licensee provided the attending ER physician, the physician concurred with the removal of the Patient’s back board and IV. A neurological evaluation properly conducted, consists of a physical exam and a number of simple and painless tests. Licensee knew or should have known that the Patient’s health could be adversely affected by striking his left foot. Licensee failed to use his professional nursing judgement to act in the best interest of the Patient. Licensee acts and omissions caused physical and/or emotional harm to the Patient.	Probation 9/30/2006 to 9/30/2007
Angela M Miller Galena, MO	PN052613	Section 335.066.2(5) and (14), RSMo 2000 Licensee admitted that she had been misappropriating Nubain for her personal consumption.	Probation 11/29/2006 to 11/29/2009
Cynthia Ann Bennett-Minner Eureka Springs, AR	RN2000152670	Section 335.066.2(5) and (14), RSMo 2000 Licensee withdrew morphine from the Acudose at 4:25 and 5:22 even though the patient had an order for morphine every two hours. Between 4:25 and 5:22 a vial of morphine went missing and the Acudose system indicated a medication error. Morphine was not charted as given by the Licensee. It was initially thought that the Licensee forgot to document the Morphine, however the amount of morphine withdrawn by the Licensee did not agree with what was ordered for the patient. Licensee was asked if she forgot to chart the morphine, she refused to respond. Licensee refused to submit to a drug test. Licensee stated her patient had a “pseudoseizure” while the doctor was present and 2 mg of morphine was ordered, when she went to the Accudose there was a discrepancy but she did not deal with it because she had to get back to her patient. Licensee did not have an explanation of why morphine was withdrawn again from the Acudose stating another nurse could have withdrawn under her name.	Probation 10/28/2006 to 10/28/2007

Probation List cont. from page 16

Name	License Number	Violation	Effective Date of Probation
Kristina Amanda Pflasterer Elsberry, MO	PN2003025235	Section 620.153 RSMo Licensee violated the terms of discipline set forth in the Board's Order.	Probation 9/14/2006 to 9/14/2008
Brenda D Rippetto Hallsville, MO	RN096185	Section 335.066.2(5), (6) and (12), RSMo 2002 From 5/1/99 to 4/29/05, Licensee practiced as a registered professional nurse on a lapsed license.	Probation 11/21/2006 to 11/21/2007
Pearlie M Ross Kansas City, MO	PN023313	Section 335.066.2(12), RSMO 2000 On 6/25/02, Licensee was assigned the care of an 8-month old infant with Down Syndrome, who required oxygen administered through a tracheostomy tube, to support his breathing. While providing direct patient care to the patient, Licensee failed to monitor the patient's breathing in a manner sufficient to recognize and act upon a dislodged tracheostomy tube causing airway obstruction and resulting in a low oxygen level, risking harm to the patient.	Probation 10/25/2006 to 10/25/2007
Christy F Salisbury Blue Springs, MO	RN079570	Section 335-066.2(1), (5), (12), and (14), RSMo 2000 On 1/10/05, Licensee's collaborative practice physician received a telephone call from a retail pharmacy regarding a prescription for Vicodin ES that was reportedly written by her the Licensee. Licensee had used the physician's pre-signed prescription pad to write a prescription for Vicodin ES for herself, knowing the physician had not authorized the use of his name or DEA number.	Probation 9/30/2006 to 9/30/2009
Andrea Yolanda Scott Jefferson City, MO	PN2004010961	Section 335.021 RSMo Licensee violated the terms of discipline. Licensee was required to contract with NCPS, inc. to schedule random drug and alcohol screenings. Pursuant to that contract, Licensee was required to call a toll free number everyday to determine if she was required to submit to a test that day. From 12/05 to 6/27/06, Licensee failed to call to NCPS, Inc. on sixteen days. On 5/16/06, Licensee called NCPS, Inc. and was advised that she had been selected to provide a urine sample for screening. Licensee failed to report to a laboratory to provide the requested sample.	Probation 9/14/2006 to 9/14/2007

Probation List cont. from page 17

Name	License Number	Violation	Effective Date of Probation
Melissa A Thayer Sparta, MO	PN052144	Section 335.0066.2(5) and (12), RSMo 2000 On 1/9/06, Licensee gave her medication room keys to her boyfriend. Her boyfriend observed by the facility staff, unlock the medication room door and enter the medication room unsupervised. Licensee directed her boyfriend to sign Licensee’s initials on treatment records for patients assigned to her. Licensee falsified patient’s medical records, in that she directed, her boyfriend, to document treatments she did not provide and treatments that were not authorized by the patient’s treating physician. Her boyfriend forged Licensee’s initials a total of eight times in patients’ medical records. Her boyfriend is not employed by the facility and is not a licensed nurse nor is her boyfriend otherwise trained or authorized to document healthcare services provided to the patients at the facility on the patient’s medical records.	Probation 9/20/2006 to 9/20/2007
James W Vincent O Fallon, MO	RN143112	Section 335.066.2(5) and (14), RSMo On 8/3/05, the nurse manager of the medical-surgical unit received a controlled substance report which revealed that the Licensee had removed an average of twenty doses of narcotics out of the Pyxis machine during each of his shifts the previous month. On 8/4/05, after comparing the Licensee’s Pyxis activity to the documentation for each of the Licensee’s patients for the same day, the nurse manager noticed that the Licensee had removed 7 milligrams of Dilaudid which were unaccounted for in the Licensee’s documentation. In a random selection of charts for the month of July 2005; she found that sixteen doses of Dilaudid were removed from the Pyxis machine and unaccounted for. On 8/6/05, Licensee was confronted and after agreeing to submit to a drug screening, Licensee admitted diverting Dilaudid from the facility for “at least a year” for his own personal consumption.	Probation 9/12/2006 to 9/12/2009
Stephanie L Voltmer Gravois Mills, MO	PN038844	Section 335.066.2(2) RSMo On 11/5/04, Licensee pled guilty to excessive Bac and the unlawful use of drug paraphernalia.	Probation 9/14/2006 to 9/14/2008
Penny Marlene Wake Kennett, MO	PN2002022341	Section 335.066.2(15), RSMo 2000 Between April and August 2004, Licensee was employed to provide services for various clients in the client’s home. During that time, Licensee completed documentation and submitted it to her employer for payment which indicated that the Licensee had provided authorized nurse services to these clients on fourteen separate dates in which the Licensee did not provide any services to the client on any of the dates she had submitted. During July or August 2004, while the Licensee was employed to provide services for a seventy-five year old client in the client’s home, she borrowed \$50.00 from the client and did not repay any money to the client. The Missouri Department of Health and Senior Services placed Licensee on the Employee Disqualification List for a twelve month period, effective 6/28/05.	Probation 10/17/2006 to 10/17/2008

SUSPENSION/PROBATION

Name	License Number	Violation	Effective Date of Suspension
Christine M Brown Saint Peters, MO	RN132967	Section 335.066.2(5), (12) and (14), RSMo 2000 On 1/5/06, Licensee diverted two medication cards of Ultram 50mg tablets for her personal consumption.	Suspension 9/14/2006 to 9/14/2007 Probation 9/15/2007 to 9/15/2012
Edward Lane deVilbiss Columbia, MO	RN2001018405	Section 620.153 RSMo Licensee violated the terms of discipline. On 3/16/06, Licensee submitted a urine sample for random drug screening that tested positive for the presence of cocaine. Licensee did not have a valid prescription for cocaine.	Suspension 10/1/2006 to 10/31/2006 Probation 11/1/2006 to 11/1/2011
Kimberly G Gibson Saint James, MO	RN117151	Section 620.153 RSMo Licensee violated the terms of discipline. Licensee was required to abstain completely from the use or possession of any controlled substance or other drug for which a prescription is required unless use of the drug has been prescribed by a person licensed to prescribe such drug and with whom Licensee has a bona fide relationship as a patient. On 1/20/05, Licensee self-reported to the Board that she has relapsed on methamphetamine on 10/10/05. At the hearing on 9/8/06, Licensee admitted under oath that she relapsed on methamphetamine on 10/10/05. Licensee did not have a valid prescription for methamphetamine.	Suspension 9/18/2006 to 9/18/2007 Probation 9/19/2007 to 9/19/2012
Patricia A McGhee Saint Louis, MO	RN087429	Section 620.153 RSMo Licensee violated terms of discipline. Licensee was prohibited from passing medications until Licensee had submitted documentation of having completed Continuing Education Units (CEU's) in medication administration. On 10/26/06, Licensee was working the 11-7 shift, as the Resource Nurse and the only Registered Nurse on duty. On 10/26/06 and 10/27/06, per physician's order a patient was administered Dilaudid, if the Licensee administered the drug, herself, she violated the terms of her Discipline Agreement by administering medication prior to her submission of CEU's in medication administration. If the Licensee directed or allowed an unqualified individual to administer the drug, she also violated the Nursing Practice Act by enabling another person to practice outside of their scope of authority.	Suspension 9/18/2006 to 3/18/2007 Probation 3/19/2007 to 3/19/2008
Cheryl J Routh Arnold, MO	PN036780	Section 620.153 RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. Licensee was required to undergo a thorough chemical dependency evaluation and have the results sent to the Board. Licensee has never submitted a thorough chemical dependency evaluation.	Suspension 10/25/2006

Partnerships are Reshaping Workforce Development Strategies

Adapted from an article published in the Winter 2007 issue of *Inside Connection*, a quarterly publication of the Missouri Hospital Association.

Although health care career opportunities are plentiful, the supply of health care professionals is not. This disconnect has caused a crisis in the health care workforce.

The Missouri Department of Economic Development estimates that throughout the next seven years, six of the 10 fastest growing employment opportunities will be in health care-related fields. Although that’s a source of pride for health care leaders, it is also a source of concern.

A coalition of health care community partners have assembled to address workforce issues. The Missouri Hospital Association and its member hospitals have supported the effort, and have been joined by public workforce-development agencies, universities, nursing schools and technical schools. Together, the partners are investing heavily in attracting new workers, expanding clinical education opportunities and improving retention strategies.

According to Mary Becker, MHA’s senior vice president of strategic communications and research, this investment in workforce development is paying dividends.

“Between 2001 and 2005, through targeted investment, MHA’s workforce expansion initiative helped hundreds of new workers enter the profession through scholarship assistance,” Becker said. “At the same time, investments in and partnerships with educational institutions expanded the capacity to train new workers.”

In 2001, MHA’s Workforce Development Advisory Committee recommended creating a scholarship program to assist students in nursing or allied health professions who were within two years of graduation. The program, which ended in 2005, awarded a total of 340 scholarships to students pursuing careers in nursing, pharmacy, therapy professions and other disciplines.

However, for many potential health care workers, the problem is lack of access, not interest. According to the National League for Nursing, more than 147,000 potential nurses were turned away in 2005 because of inadequate capacity in U.S. nursing schools.

Data collected by MHA in 2003 found 70 percent of nursing schools in Missouri had experienced an increase in qualified applicants. However, capacity issues forced many to turn applicants away.

“MHA’s data was a call to action for the hospital community,” Becker said. “The scope of the problem called for the development of partnerships with other stakeholders and a commitment of energy and resources throughout the health care community.”

In June 2004, the MHA Center for Education launched a statewide, \$1 million pilot project to increase nursing student capacity. The goal of the two-year program was to partner hospitals with academic institutions and increase student capacity by at least 10 percent at all partnering schools.

The six proposals originally selected for pilot funding created an additional 166 openings for nursing students, and clinical skills lab equipment was added or upgraded throughout the partnering institutions. Pilot projects also focused on creating opportunities for clinicians to serve dual roles as academic instructors and staff nurses.

Statewide, hospitals and teaching institutions agree that alleviating the workforce shortage is impossible without addressing the shortage of qualified clinical teachers.

“There is an unprecedented shortage of master’s and doctorally prepared nurses qualified to teach in undergraduate and graduate nursing programs,” said Teri Murray, director of Saint Louis University School of Nursing. “The majority of nurses enrolled in graduate study are seeking degrees for advanced practice roles, such as nurse practitioners. Only a very small percentage—less than 9 percent—of graduate school enrollees are seeking faculty positions.”

Partnerships between hospitals and nursing schools in the Kansas City and St. Louis metropolitan areas continue build on the pilot program’s success. Hospitals

REVOKED LIST

Name	License Number	Violation	Effective Date of Revocation
Sheri Lynn Alexander Saint Charles, MO	PN056596	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation.	Revoked 9/13/2006
Tammy K Brenner Liberty, MO	RN127970	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement. Licensee was required to contract with NCPS, Inc. to schedule random drug and alcohol screenings. Pursuant to that contract, Licensee was required to call a toll free number every day to determine if she was required to submit to a test that day. From the beginning of her disciplinary period, Licensee failed to call in to NCPS, Inc. on 14 days. Further, on three separate days, Licensee called NCPS, Inc. and was advised that she had been selected to provide a urine sample for screening. License failed to report to a laboratory to provide the requested sample.	Revoked 10/25/2006
Kandy L Caldwell Cherokee Village, AR	PN057245	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meetings and by not submitting the required documentation.	Revoked 9/13/2006
Rhonda Gail Campbell Harrison, AR	RN2001028750	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meeting and by not submitting the required documentation. On 10/18/04, Licensee misappropriated Darvocet tablets from a patient. Licensee did not have a valid prescription for Darvocet.	Revoked 9/12/2006
Stacy L Capper Harviell, MO	PN058247	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. In 3/06, Licensee was issued a letter of concern from the Board for failing to submit random drug and alcohol screening results for the entire year of 2005. Since that letter, the Board received no other test results. The Board has received no employer evaluation or statements of unemployment since 1/06. The Board never received a final evaluation form from an employer when she was terminated on 12/18/05. Licensee failed to attend a meeting with the Board’s representative on 7/19/06 or call to reschedule the meeting.	Revoked 10/25/2006

Revoked List cont. to page 21

have embraced the Clinical Faculty Academy as a way to expand opportunities for their staff while increasing the number of nursing students locally. Nursing schools benefit, as well.

Through the academy, bedside nurses receive two-day training to serve as clinical faculty while remaining employed by hospitals.

Seventeen hospitals in St. Louis and 13 hospitals in Kansas City have loaned nursing staff as instructors for area nursing schools. Overall, nearly 250 nurses, including hospital and nursing school employees, have attended the Clinical Faculty Academy since 2005.

Nurse managers also understand the benefits of the academy. Gloria Solis, chief nursing officer and chief operating officer at Saint Luke’s East—Lee’s Summit, has been active in identifying and recruiting academy candidates.

“I’ve focused on hand-picking nurses who would make great adjunct faculty,” Solis said. “This opportunity enables practicing nurses to try a career-enhancing opportunity without changing their employment status.”

Many long-term clinical nurses might not consider moving to the academic field because they fear instability or job dissatisfaction. The clinical-faculty approach helps retain experienced nurses while fostering recruitment of graduate nurses.

“Chief nursing officers need to get really involved; they need to make it their mission,” Solis said.

Murray believes the faculty academy concept is a win-win situation for hospitals and teaching institutions.

“Clinician faculty are very knowledgeable about institutional policies and procedures and have good working relationships with other staff,” Murray said. “They also possess current clinical skills and are knowledgeable about hospital specific technology, which facilitates the student’s learning and socialization into the profession.”

In Kansas City, a federal Workforce Innovation to Regional Economic Development grant helped create a formal, standardized curriculum for the shared hospital-academic program. The Kansas City Metropolitan Healthcare Council worked with the Full Employment Council, the public workforce agency, to secure funding for area workforce expansion initiatives.

WIRED grant initiatives are aimed at identifying workers an aptitude for with health care careers, reducing

turnover and returning skilled health workers to the profession.

One program funded through the WIRED grant matches the best potential worker with the most appropriate job. The FEC prescreens applicants to assess jobs skills critical to success in a health care environment. Prospects are screened for aptitudes in applied math, reading for information and the ability to locate information—fundamental skills in health care. The best applicants are matched to occupational profiles and offered career readiness training by the FEC.

Direct financial assistance also is available. The Graduate Nursing Faculty Financial Assistance program, funded by the WIRED grant, will provide approximately \$193,000 throughout 2007 and 2008 to nurses who are Kansas or Missouri residents and who have not completed more than 12 hours toward their master’s degrees. Nurses receiving financial assistance must work as either full-time or part-time clinical faculty at local nursing schools once they earn their degrees.

The grant also is funding the Nurse Preceptor and R.N. Refresher academies in Kansas City.

The Nurse Preceptor Academy trains bedside clinicians to mentor newly-hired nurses, which reduces dissatisfaction and turnover.

“Nationwide, hospitals are reporting turnover rates of 50 percent or more for graduate nurses during their first year,” Solis said. “We use preceptors to create an environment that supports input from new nurses and validates their concerns. It is all about creating the right culture.”

The R.N. Refresher Academy—also funded by the WIRED grant—offers specialized training to nurses re-entering the workforce. The progressive, nine-week course allows nurses to gain confidence, practice their skills and work with R.N. preceptors in local hospitals. The federal funding doubles the current resources for nurse re-entry programs in the region.

Implemented together, these strategies are contributing to a strengthened workforce, and data from MHA’s 2006 Workforce Survey indicate that progress is being made in reducing vacancies.

“By uniting around our shared goals, we’ve been able to expand opportunities for nurses in Missouri,” Becker said. “Together we’re building a strong workforce for the health care community.”

Revoked List cont. from page 20

Name	License Number	Violation	Effective Date of Revocation
Suzanne M Daniels Saint Charles, MO	RN137663	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. Licensee was required to contract with a third party to schedule random drug and alcohol screenings. The Board received a drug test result on 1/12/06 but no other test results during the Licensee's disciplinary period. The Board received no employer evaluations or statements of unemployment since 1/06. The Board never received a final evaluation form from employer when she was terminated in 2/06.	Revoked 10/25/2006
Susan Darr Kansas City, MO	RN126054	Section 620.153, RSMo 2000 On 6/20/05, Licensee falsely documented making a home healthcare visit to H.N. and forged H.N.'s signature on the document. On 6/20/05 and 6/21/05, Licensee falsely documented making home healthcare visits to B.L.	Revoked 9/12/2006
Jeffrey S Davis East Prairie, MO	RN126552	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement. On 7/6/06, while on duty, Licensee submitted to a random urine drug screen which was positive for marijuana.	Revoked 10/20/2006
Sandra Kay Earl Columbia, MO	RN137470	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meetings and by not submitting the required documentation.	Revoked 9/12/2006
Racheal Renee Epperson Mission, KS	PN048527	Section 620.153, RSMo 2000 From 6/1/1998 to 2/22/2004, Licensee practiced as a licensed practical nurse on a lapsed license.	Revoked 10/26/2006
Mona Sue Fahle Saint Charles, MO	PN051906	Section 620.153, RSMo 2000 Licensee's nursing license was currently on suspension due to HB 600. On 5/16/05, Licensee pled guilty to 4 counts of class C felony stealing. Licensee appropriated morphine which belonged to 4 residents of her employer and Licensee appropriated the morphine without the resident's consent and with the purpose to deprive them of it. Licensee was placed on the Employment Disqualification List on 12/20/05 for 10 years.	Revoked 10/4/2006

Revoked List cont. from page 21

Name	License Number	Violation	Effective Date of Revocation
Angela M Fitzgerald Lees Summit, MO	RN118596	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. Licensee is required to contract with NCPS, Inc. and participate in random drug and alcohol screenings. Licensee has failed to complete the contract process with NCPS. Licensee was required to meet with representatives of the Board at regular intervals. Licensee failed to meet with the Board's representative on 7/17/06 or call to reschedule the meeting.	Revoked 10/25/2006
Roberta L Galate Olathe, KS	PN046281	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meetings and by not submitting the required documentation.	Revoked 9/12/2006
Rhonda L Glidewell Saint Louis, MO	PN044239	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement. On 3/29/06, Licensee submitted a urine sample for random drug screening which tested positive for the presence of cocaine.	Revoked 10/25/2006
Cynthia Louise Glover Ellenton, FL	RN2003007067	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meeting and by not submitting the required documentation. Licensee is required to contract with a third party to schedule random drug and alcohol screenings. Licensee has failed to provide the Board with any information as to the party she has contracted with to perform her drug and alcohol screens. Further, no test results have been submitted on behalf of the Licensee. Licensee has never submitted a thorough chemical dependency evaluation to the Board. The Board has received no employer evaluations or statements of unemployment during the entire period of Licensee's probation. Licensee failed to meet with the Board's representative on 8/3/06 or call to reschedule the meeting.	Revoked 10/25/2006
Angie L Grogan Sikeston, MO	RN155551	Section 620.153, RSMo 2000 Licensee violated her terms and conditions of the 2005 Settlement Agreement. On 4/1/05, Licensee pled guilty to one count of the class C felony of possession of a controlled substance and to one count of the class B felony of Distribution/Delivery/Manufacture/Production or Attempt to or Possession with Intent to Distribution/Deliver/ Manufacture/Produce a Controlled Substance. On 11/8/05, Licensee pled guilty to one count of the class B felony of Distribution/Delivery/Manufacture/Production or Attempt to or Possession with Intent to Distribute/ Manufacture/Produce a Controlled Substance and to one count of the class B misdemeanor DWI-Alcohol.	Revoked 9/14/2006
Karen E Hafner Bonne Terre, MO	RN110677	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement. Licensee was required to contract with a third party to schedule random drug and alcohol screenings. Licensee failed to call in to NCPS, Inc. on 49 days. On 7 dates, Licensee was called and was advised that she had been selected to provide a urine sample for screening. Licensee failed to report to a laboratory to provide the sample. On 10/10/05, Licensee submitted to a urine drug screen which was positive for the presence of cocaine.	Revoked 10/25/2006
Kimberly L Hale Warrensburg, MO	RN139683	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation.	Revoked 9/13/2006
Jodell A Hanners Washington, MO	PN053769	Section 620.153, RSMo 2000 On that date, the Center asked her for a urine sample to test for drugs because some of the Center's narcotic medications were missing, and Licensee sample tested positive for marijuana.	Revoked 9/12/2006
Karen Renee' Hartwig Higginsville, MO	PN2005013071	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting an employer evaluation or statements of unemployment and consuming alcohol. On 11/21/05, Licensee submitted a urine sample which tested positive for the presence of alcohol. Also, Licensee is required to contract with NCPS, Inc. to schedule random drug and alcohol screenings. From 10/2005 to 6/26/06, Licensee failed to call in to NCPS, Inc. on 138 days.	Revoked 9/13/2006
Misty Dawn Hawkins Park Hills, MO	RN2002019949	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meetings and by not submitting the required documentation. On 8/2/05, Licensee relapsed on Vicodin.	Revoked 10/25/2006
Matthew Y Hunter Grant City, MO	RN110649	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meetings and by not submitting the required documentation.	Revoked 10/26/2006

Revoked List cont. from page 22

Name	License Number	Violation	Effective Date of Revocation
Suzanne D Jeziorski O Fallon, MO	RN085809	Section 620.153, RSMo 2000 Licensee allegedly contracted with Biotech Laboratory, Inc. to perform her drug screens. Licensee was also employed by Biotech Laboratory, Inc. The lab results submitted from Biotech Labs were forgeries. Licensee never contracted with Biotech Labs to perform random drug and alcohol screens. The lab results submitted to the Board by the Licensee were lab results of other individuals altered to appear as if they were lab results of the Licensee.	Revoked 9/13/2006
Nicolle Marina Johnson Kansas City, MO	RN2002005159	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement. Licensee submitted to no further employer evaluations or statements of unemployment. Licensee was required to contract with a third party to schedule random witnessed screenings for alcohol and other drugs of abuse. Licensee submitted two drug screens but submitted no other drug screen results. On 7/20/06, Licensee failed to attend the meeting or call to reschedule the meeting.	Revoked 10/25/2006
Teresa Johnson Belleville, IL	RN134678	Section 620.153, RSMo 2000 On 4/7/06, the Administrative Hearing Commission found that the Board had grounds to discipline Licensee pursuant to §335.066.2(15) RSMo as a result of her permanent placement on the Employee Disqualification List by the Missouri Department of Health and Senior Services.	Revoked 9/13/2006
Kelly Dawn Kelley Brumley, MO	PN2003009888	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. Licensee was to submit documentation to the Board including employer evaluations, a chemical dependency evaluation and proof of attendance at AA/NA meetings. The Board did not receive any of the required documentation by the deadline date of 1/18/06. Licensee is required to contract with NCPS, Inc. to schedule random drug and alcohol screenings. Licensee failed to call in to NCPS, Inc. on 18 days.	Revoked 10/26/2006

NCSBN Hosts Summit Funded by Federal Grant to Promote Nurse Licensure Portability

CHICAGO—The National Council of State Boards of Nursing (NCSBN®) received a grant from the Health Resources and Services Administration’s Office for the Advancement of Telehealth to work with state boards of nursing to reduce licensure barriers impacting telehealth and interstate nursing practice. NCSBN kicked-off this initiative with its member boards at a Licensure Portability Summit, held Dec. 11, 2006, in Washington, D.C.

The Summit focused on providing state boards of nursing with information on how to implement the Nurse Licensure Compact (NLC) and Criminal Background Checks (CBC). Currently 23 states have passed the NLC law and 20 have implemented the mutual recognition model for nurse licensure. The NLC is modeled after the U.S. Drivers License Compact; it allows nurses who legally reside in an NLC state and meet the uniform core requirements to practice in other participating NLC states on the privilege to practice. Additionally, NCSBN promotes the utilization of CBCs (especially FBI fingerprint checks) as one of its Delegate Assembly adopted uniform core requirements for state boards of nursing. In doing so, NCSBN is recognizing that by assisting all states in implementing this activity, it will advance licensure portability across the U.S.

Representatives from more than 25 boards of nursing that have not yet adopted the NLC or CBC were invited to the grant-funded Summit to learn about these important initiatives and how to reduce barriers to licensure portability for nursing. The grant will focus on areas of study needed to address licensure portability barriers for nurses, including the potential start-up costs of adopting the NLC and CBC to a state board of nursing; organizations who are not supportive of the NLC and their reasons why; and potential policy models for making CBC portable for nurses from state to state.

Speakers at the Summit included Dr. Dena Puskin, director for the Office for the Advancement of Telehealth, and Robert Waters, a partner with Gardner, Carton and Douglas and a noted telehealth and licensure portability expert. These national experts provided insight into the issues surrounding a lack of licensure portability for nurses in the U.S. and spoke about key environmental trends related to telehealth and licensure portability.

NCSBN President Faith Fields noted in her opening remarks at the Summit, “In today’s environment nurses have an expectation that their licensure should be portable from state to state, and much like how the Transportation Security Administration ensures that travelers are safe to be flown to and from destinations, state boards of nursing have a responsibility to protect the public through initiatives that allow for better access to care and permit licensure portability that best protects the citizens of their state.”

The National Council of State Boards of Nursing, Inc. (NCSBN) is a not-for-profit organization whose Membership comprises the boards of nursing in the 50 states, the District of Columbia and four U.S. territories.

Mission: The National Council of State Boards of Nursing (NCSBN), composed of Member Boards, provides leadership to advance regulatory excellence for public protection.

Inquiries about the Licensure Portability Grant or the NLC may be directed to Kristin Hellquist, NCSBN director of policy & government relations at 312.525.3665 or khellquist@ncsbn.org.

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Name	License Number	Violation	Effective Date of Revocation
Cheryl M Kopley Doniphan, MO	PN038438	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meetings and by not submitting the required documentation.	Revoked 10/26/2006
Gene Vernon Knapp Staunton, IL	RN104258	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. Licensee was required to obtain 15 contact hours and failed to obtain any contact hours.	Revoked 10/25/2006
Kathy L Leeper Joplin, MO	RN145243	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. Licensee was required to contract with a third party to schedule random drug and alcohol screenings. The Board has received no drug screen results from Licensee chosen testing company since 12/6/05.	Revoked 10/25/2006
Connie L Long Springfield, MO	RN122345	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement. Licensee was required to contract with a third party to schedule random drug and alcohol screenings. The Board had not received any drug screen results from the testing company since 1/28/06.	Revoked 10/25/2006
Diane R Mauro Easton, KS	RN109190	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meetings and by not submitting the required documentation.	Revoked 9/13/2006
Paula N Mayo Nixa, MO	RN149502	Section 620.153, RSMo 2000 On 2/1/05, Licensee submitted to a drug screen which was positive for methamphetamine.	Revoked 9/14/2006
Cheryl L McClain Kansas City, MO	PN020545	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation.	Revoked 10/25/2006
Beverly McGhee Saint Louis, MO	RN074612	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. During her probation, Licensee has failed to call into NCPS, Inc. on 25 days. Further, on 3/8/06 and 2/27/06, Licensee called NCPS, Inc. and was advised that she had been selected to provide a urine sample for screening. Licensee failed to report to a laboratory to provide the sample. On 8/2/05, Licensee submitted a urine sample for random drug screening which was positive for the presence of propoxyphene (Darvocet). Licensee does not have a valid prescription for propoxyphene. Licensee has completed no contact hours.	Revoked 9/12/2006
Sheila Kaye Hart-McKellar Rolla, MO	RN2002014012	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meetings and by not submitting the required documentation.	Revoked 10/25/2006
Kimberly A McReynolds Sikeston, MO	RN140409	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meetings and by not submitting the required documentation.	Revoked 9/13/2006
Jackie D Mitchell Mountain Grove, MO	PN052012	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meetings and by not submitting the required documentation.	Revoked 9/13/2006
Kristine Louise Monti Saint Louis, MO	RN2002026663	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. On 6/6/06, Executive Director sent a certified letter to the Licensee requesting information concerning Licensee’s repeated failed drug test. The Board has never received the requested information.	Revoked 10/25/2006
Bobbi L Mulkins Lexington, KY	RN140703	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. Licensee was required to contract with NCPS, Inc. to schedule random drug and alcohol screenings. In the period from November 2005 to the filing of the probation violation complaint, Licensee failed to call in to NCPS, Inc. on over 200 days.	Revoked 10/25/2006
Leigh A Myerchin Springfield, MO	PN052292	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the scheduled meetings and by not submitting the required documentation.	Revoked 10/26/2006

Revoked List cont. from page 24

Name	License Number	Violation	Effective Date of Revocation
James P O’Dwyer Mission, KS	PN047770	Section 620.153, RSMo 2000 On 10/25/05, Licensee was on duty at the Center when a nurse’s aide notified Licensee that resident H.N. had fallen in the bathroom. License failed to conduct an assessment of the resident to determine whether H.N. was injured prior to assisting the resident back to his bed. Later, the resident was transported to the hospital where x-rays revealed the resident had suffered a broken hip in the fall. The resident required surgery. Although Licensee completed an incident report at the Center, Licensee failed to document the fall in the resident’s chart.	Revoked 9/29/2006
Cherish J Patterson Aurora, MO	PN1999135116	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation.	Revoked 9/13/2006
Tondra Jo Ramsey Independence, MO	RN2003001147	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. Licensee was required to undergo a through chemical dependency evaluation and have the results sent to the Board. Licensee has never submitted a thorough chemical dependency evaluation to the Board.	Revoked 10/25/2006
Mary A Robinson Fulton, MO	PN038436	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. The Board has never received a thorough chemical dependency evaluation for the Licensee. On 5/9/06, Licensee submitted a urine sample for random drug and alcohol screening which tested positive of hydromorphone. Licensee has never submitted proof of a valid prescription for hydromorphone.	Revoked 9/12/2006
Dawn R Schappe Wentzville, MO	RN120571	Section 620.153, RSMo 2000 Licensee was the Director of Nursing at Leland, a skilled nursing facility in University City, Missouri. In April 2001, two residents of the facility died as a result of hyperthermia. Two other residents’ pre-existing medical conditions declined as a result of the excessive heat in the facility and they also died. On 4/7/06, the Administrative Hearing Commission found that the Board had grounds to discipline Licensee pursuant to §§335.066.2(5) and (12) RSMo. “[s]he failed to adequately monitor residents and failed to adequately instruct her staff to monitor and take actions to protect the residents.” “We find that Schappe’s failure to adequately supervise her staff and monitor the residents at Leland evidences incompetence.	Revoked 9/13/2006
Cheryl Jean Schunk Collinsville, IL	RN2001022091	Section 620.153, RSMo 2000 On 2/10/05, Licensee assisted another nurse with child D.S. that was crying. Licensee disconnected D.S. from the monitors and picked the child up for comfort. When she returned D.S. to the bed, she connected the monitors but failed to turn them on. On 3/17/05, Licensee withdrew medications for two children at the facility. Licensee carried both sets of medication into the room and failed to check patient identifiers prior to administering the medications resulting in child J.M. receiving the wrong medications. Licensee left the other medication in the adjoining child’s room unattended, thereby putting that child and other children at risk.	Revoked 10/20/2006
Signe C Shockley Independence, MO	RN151926	Section 620.153, RSMo 2000 On 10/26/04, Licensee was convicted of felony possession of heroin, misdemeanor possession of drug paraphernalia with intent to use and felony possession of a controlled substance without a drug stamp in the Wyandotte County District Court of Kansas City, Kansas.	Revoked 9/12/2006
Ellen M Smee Carthage, MO	PN048089	Section 620.153, RSMo 2000 On 6/27/03, Licensee provided her urine as a drug screen specimen which was tested positive for marijuana.	Revoked 10/26/2006

Revoked List cont. to page 26

Number of Nurses Currently Licensed in the State of Missouri

As of January 31, 2007

Profession	Number
Licensed Practical Nurse	22,577
Registered Professional Nurse	84,674
Total	107,251

Office of Administration Announces Missouri State Office Building Closure Hotline

Jefferson City—The Office of Administration’s (OA) Division of Facilities Management, Design and Construction today unveiled a new toll free number to inform citizens of state office building closures.

In an ongoing effort to increase efficiencies in state government all Missourians will now have access to call (888) 390-9927 toll free for an updated announcement of state office building closures. The hotline will provide an invaluable tool to inform both citizens and employees if buildings are closed or if hours are extended in the event of an emergency or safety threat. The toll free number is informational only and will not accept messages from callers for follow-up.

The hotline will simplify communications in the event of severe weather or other emergencies, such as the recent storms. Following the deadly winter storms several state office buildings in the St. Louis region were open overnight to serve as warming centers. The storms also forced some state offices to close under the threat of heavy snow loads on the roof. If the hotline were in place both citizens and employees could have used the toll free service to learn more information about building access.

The Division of Facilities Management, Design and Construction (FDMC) is responsible for the management of all state-owned and leased office space. FDMC will maintain and update the number. The new office closure hotline number has been posted on the State of Missouri Internet site at www.missouri.gov.

When accessing the hotline callers will be greeted with a generic message when all state office buildings are open for business. In the event that a building(s) needed to be closed for any reason, building closures will be listed in the message to include the building name and the city/county affected.

For more information contact Dave Mosby in FDMC at (573) 751-1034.

Schedule of Board Meeting Dates Through 2008

February 28-March 2, 2007
June 6-8, 2007
September 12-14, 2007
Dece,ber 5-7, 2007
March 5-7, 2008
June 4-6, 2008
September 10-12, 2008
December 3-5, 2008

Meeting locations may vary. For current information please view notices on our website at <http://pr.mo.gov> or call the board office.

If you are planning on attending any of the meeting listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Note: Committee Meeting Notices are posted on our web site at <http://pr.mo.gov>.

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Name	License Number	Violation	Effective Date of Revocation
Eleanor Harris Smith Saint Louis, MO	PN044296	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. Licensee was required to obtain 15 contact hours with emphasis in nursing law and ethics. Licensee failed to obtain any contact hours.	Revoked 10/25/2006
Mark S Smith Pagedale, MO	PN047319	Section 620.153, RSMo 2000 Licensee was a charge nurse at Leland, a skilled nursing facility in University City, Missouri. In April, 2001, two residents of the facility died as a result of hyperthermia. Two other residents’ pre-existing medical conditions declined as a result of the excessive heat in the facility and they also died. On 4/7/06, the Administrative Hearing Commission found that the Board had grounds to discipline Licensee pursuant to §§335.066.2(5) and (12) RSMo. The Commission found that Licensee’s “failure to more actively protect his residents constitutes incompetence, gross negligence and violation of professional trust.	Revoked 9/13/2006
Melissa A Smith Poplar Bluff, MO	RN137092	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. Licensee never completed the contract process with NCPS, Inc. and, therefore, was never subject to random drug and alcohol screenings, never submitted employer evaluations or statements of unemployment and never submitted chemical dependency evaluations.	Revoked 9/13/2006
Lorie A Stevens Strafford, MO	PN037766	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. Licensee was required to contract with NCPS, Inc. and participate in random drug and alcohol screenings. Licensee failed to complete the contract process with NCPS.	Revoked 10/25/2006
Edna C Stinn Willow Springs, MO	PN026247	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. Licensee has submitted no employer evaluations or statements of unemployment throughout the course of her probation. Licensee was required to contract with NCPS, Inc. and participate in random drug and alcohol screenings. Licensee was further required to forward a copy of the completed contract with NCPS, Inc. Licensee has failed to send the Board a copy of her completed contract with NCPS, Inc. Licensee has not undergone any drug or alcohol screenings during her period of probation.	Revoked 9/12/2006
Julie R Stosz Arnold, MO	PN044622	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation.	Revoked 9/13/2006
Brenda S Thompson Poplar Bluff, MO	PN037112	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement. Licensee was required to contract with NCPS, Inc. to schedule random drug and alcohol screenings. Licensee failed to call in to NCPS, Inc. on 38 days. On 7/12/06, Licensee called NCPS, Inc. and was advised that she had been selected to provide a urine sample for screening. Licensee failed to report to a laboratory to provide the requested sample.	Revoked 10/25/2006
William C Watters Edwardsville, IL	RN116274	Section 620.153, RSMo 2000 From 9/30/03 through 10/15/03, Licensee stole vials of meperidine from the Hospital by withdrawing it for patients: in amounts greater than ordered, administering the amount ordered, and retaining the difference for himself or who were pain free or not assigned to him, recording its administration to such patients, and retaining it for himself. Over the course of 8 to 10 occasions, Licensee stole a total of 18 vials of meperidine. He saved it until he had what he thought was a lethal dose. On 11/11/03, Licensee injected the meperidine, drank a potassium solution, and started driving his truck in an unsuccessful suicide attempt. Missouri police stopped Licensee and arrested him for driving under the influence of a controlled substance.	Revoked 9/12/2006
Alicia D Waybright Miami, OK	RN150739	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation.	Revoked 10/26/2006
Connie L Williams Salem, MO	RN096353	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement. On 9/30/04, 12/30/04, 3/24/05, 6/28/05, 12/27/05 and 3/30/06, Licensee submitted urine samples for random drug screening. All of the samples tested positive for the presence of opiates.	Revoked 10/25/2006

VOLUNTARY SURRENDER

Name	License Number	Violation	Effective Date of Voluntary Surrender
Rexanne Adams Plattsburg, MO	RN142441	Licensee advised the Missouri State Board of Nursing that she wished to voluntarily surrender her license. The Board’s staff explained her options and repercussions of surrendering her license. The Board’s staff has, in fact, advised licensee against surrendering her license. Despite that advice, licensee has chosen to relinquish her nursing license. The Board is unaware of any complaints made or pending against licensee’s license. Therefore, the parties agree that this surrender is not done in lieu of disciplinary proceedings against licensee’s license.	Voluntary Surrender 11/28/2006
Tisha Denise Clary Dexter, MO	RN2002019508	Section 621.045.3, RSMo Licensee violated the terms of the disciplinary agreement by not submitting the required documentation. In the period from August 2005 to July 2006, Licensee failed to call in to NCPS, Inc on 76 days.	Voluntary Surrender 9/27/2006
Terri Antoinette Connor Columbia, MO	RN2006009390	Section 621.045.3, RSMo Licensee violated the terms of the disciplinary agreement. Licensee failed to complete the contract process with NCPS. As a result, Licensee has not been subjected to random drug and alcohol screenings since the beginning of her disciplinary period.	Voluntary Surrender 10/11/2006
Diana F Crowder Pittsfield, IL	PN040370	Section 335.066.2(1), (5), (12), and (14), RSMo 2000 On 4/18/03, an officer at the Center reported that Ms. Crowder was falling asleep at the computer, falling off her chair, having difficulty charting, appeared to be intoxicated and exhibited slurred speech. Licensee reported consuming 300 mg of Seroquel prior to reporting for duty at the Center. Licensee was prescribed Seroquel by her treating physician. On 4/29/03, Licensee reported for duty at the Center in an intoxicated and impaired condition and was unable to complete her nursing duties. Licensee once again consumed and/or abused a large quantity of the prescription drug Seroquel to such an extent that her ability to carry out her duties as a license practical nurse at the Center was impaired. Licensee left the Center, then called the Center and made vague suicidal statement threatening to harm herself.	Voluntary Surrender 10/27/2006
Dawn R Barnes-Eenhuis Barnesville, MN	RN133348	Section 621.045.3, RSMo Licensee violated the terms of the disciplinary agreement by not contracting with an acceptable third party to schedule random screenings for alcohol and other drugs of abuse.	Voluntary Surrender 10/2/2006
Katherine B Hope Holt, MO	RN111579	Section 335.066.2(5) and (12), RSMo 2000 Patient O.E.’s care plan revealed that staff was to approach resident calmly, and if upset to do only minimal care. If resident is upset leave him/her alone for 15-30 minutes and try to re-approach him/her. If resident remains upset try another day. On 7/30/03, patient O.E.’s resident physician ordered a straight catheterization for a urine analysis. On 8/1/03, License ordered certified nurse assistants K.W., F.A.M., and G.S.E. to assist her with patient O.E. in getting a urine sample. Licensee and the three CNAs entered patient O.E.’s room while patient O.E. was asleep. Patient O.E. did not have on her hearing aid. Licensee ordered F.A.M., K.W. and G.S.E. to pull back patient O.E.’s covers and to pull patient O.E.’s legs apart. Patient O.E. screamed that CNA F.A.M. was not to be in her room, but Licensee told F.A.M. to stay because she needed her help with getting the urine sample from patient O.E. Then patient O.E. screamed in protest, “get off me, I do not want this done!” CNA K.W. told patient O.E. that they were getting a straight catheter. Licensee did not explain the procedure to patient O.E. Patient O.E. struggled from Licensee and the CNAs. She slapped toward Licensee’s direction. Then Licensee ordered K.W. to hold down patient O.E.’s arms so she could not scratch or hit. Licensee then inserted the catheter hose into Patient O.E., and patient O.E. screamed loudly and protested again. The following day it was painful for patient O.E. to urinate. On 8/1/03, patient O.E. reported to the social worker at the manor that she felt she had been raped, and that the incident was very upsetting to her.	Voluntary Surrender 10/3/2006
Mistee D Myrick Hilo, HI	RN143345	Section 621.045.3, RSMo Licensee violated the terms of the disciplinary agreement by not submitting the name of the third party to the Board within twenty days of the effective date of the agreement. Licensee has failed to submit the name of the third party tester to the Board. As a result of this failure, Licensee has not been subjected to random drug and alcohol screening for over a year.	Voluntary Surrender 9/20/2006

Voluntary Surrender cont. from page 27

Name	License Number	Violation	Effective Date of Revocation
Jessica Pryor Saint Louis, MO	RN2002020428	Section 621.045.3, RSMo 2000 Licensee is in violation of the probation requirements of the disciplinary agreement which went into effect on 7/1/05. Licensee was required to undergo a thorough chemical dependency evaluation and have the results sent to the Board. Licensee has never submitted a thorough chemical dependency evaluation to the Board.	Voluntary Surrender 11/14/2006
Allison Marie Ringgenberg Lake City, IA	RN2005011623	Section 335.066.2(8), RSMo 2000 Action in another Jurisdiction in Iowa. On the weekend of 10/23/04 to 10/25/04, Licensee admitted the theft of misappropriations of 9 vials of Nubain 10 mg during her scheduled shifts. She admitted to her supervisor during a confrontation held on November 12, 2004 which was for her own use for approximately one year.	Voluntary Surrender 9/14/2006
William C Typaldos Springfield, MO	RN127895	Section 335.066.2(2), (5) and (12), RSMo 2000 On 12/29/04, Licensee pled guilty to Domestic Assault in the 3rd Degree. On 5/5/05, Licensee was terminated from a facility for failure to improve behavioral issues involving patients, patient families and coworkers. These issues are as follows: on 3/17/05, a patient reported the Licensee treated him roughly and told the patient to stop using the call light so much so the Licensee could get report from the out-going staff; On 3/24/05, Licensee failed document the administration of a patients' evening nourishment; on 3/25/05, during the insertion of a foley catheter, Licensee dropped the sterile catheter on the patient's bed, failed to obtain a new sterile catheter and used the contaminated catheter; on 3/30/05, Licensee was disruptive, rude and rough with a patient; on 4/11/05, Licensee verbally admonished a patient for using the urinal too much; on 4/15/05, Licensee used poor judgment when he attempted to solicit a date from a patient's family member; on 4/26/05, Licensee conveyed to a patient's family that there was not enough staff to care for the patient. On renewing Licensee's nursing license, under penalty of perjury, Licensee failed to disclose his guilty plea to domestic assault in the third degree.	Voluntary Surrender 10/3/2006

Did you know you are required to notify the Board if you change your name or address?

Missouri Code of State Regulation [(20 CSR 2200-4.020 (14)(b) (1)] says in part “If a change of name has occurred since the issuance of the current license, the licensee must notify the board of the name change in writing . . .” and (2) If a change of address has occurred since the issuance of the current license, the licensee must notify the board of the address change . . .”

Note: change of address forms submitted to the post office will not ensure a change of address with the Board office. Please notify the board office directly of any changes.

Type or print your change information on the form below and submit to the Board Office by fax or mail. *Name and/or address changes require a written, signed submission. Please submit your change(s) by:*

- Fax: 573-751-6745 or 573-751-0075 or
- Mail: Missouri State Board of Nursing, P O Box 656, Jefferson City, MO 65102

Please complete all fields to ensure proper identification.		
<input type="checkbox"/> RN <input type="checkbox"/> LPN		
Missouri License Number		
Date of Birth		
Social Security Number		
Daytime Phone Number		
OLD INFORMATION (please print):		
First Name	Last Name	
Address		
City	State	Zip Code
NEW INFORMATION (please print)		
First Name	Last Name	
Address (if your address is a PO Box , you must also provide a street address):		
City	State	Zip Code
Signature (required)		
Date		

Duplicate license instructions:

It is not mandatory that you obtain a duplicate license. You may practice nursing in Missouri as long as your Missouri nursing license is current and valid. If you wish to request a duplicate license reflecting your new name, you must return ALL current evidence of licensure and the required fee of \$15.00 for processing a duplicate license.
Return this completed form to: Missouri State Board of Nursing, P O Box 656, Jefferson City, MO 65102

Is Your License Lost or Has It Been Stolen?

If you would like to obtain a duplicate license because your license has been lost or stolen. Please contact our office and request an Affidavit for Duplicate License form or you may obtain it from the Licensure Information & Forms tab on our website at <http://pr.mo.gov/nursing.asp>

Summary of Actions December 2006 Board Meeting

Education Matters

Enrollment Changes

- Request to increase enrollment from 30 to 35 students per class with the admission of 2 classes one year and 3 classes the next year for Sanford Brown College, ADN Program #17-421 was approved.

Curriculum Changes

- Request from Avila University, BSN Program, for curriculum changes was approved.
- Request from St. Louis University, BSN Program, for curriculum changes was approved.
- Request from Texas County Technical Institute, ADN Program #17-401, for curriculum changes was approved.

Discipline Matters

The Board held 3 disciplinary hearings and 18 violation hearings.

Licensure Matters

The Licensure Committee reviewed 18 applications. Results of reviews as follows:
Issued letters of concern—11
Applications approved with probated licenses—2
Applications tabled for additional information—1
Denied applications—4

General Matters

The Board met with Nursing Regulation stakeholders including Sharon Burnett and Mike Dunaway representing Missouri Hospital Association (MHA), Rita Brumfield representing Missouri Organization of Nurse Leaders (MONL), Lana Martin and Jan Akright representing Missouri League for Nursing (MLN), Lola Crum and Randall Blake representing Missouri State Association of Licensed Practical Nurses (MoSALPN), and Glen Jett and Lisa DeSha representing Missouri Nurses Association (MONA). The group discussed Nursing Workforce Activities, Legislative Priorities and Education for Nurses.